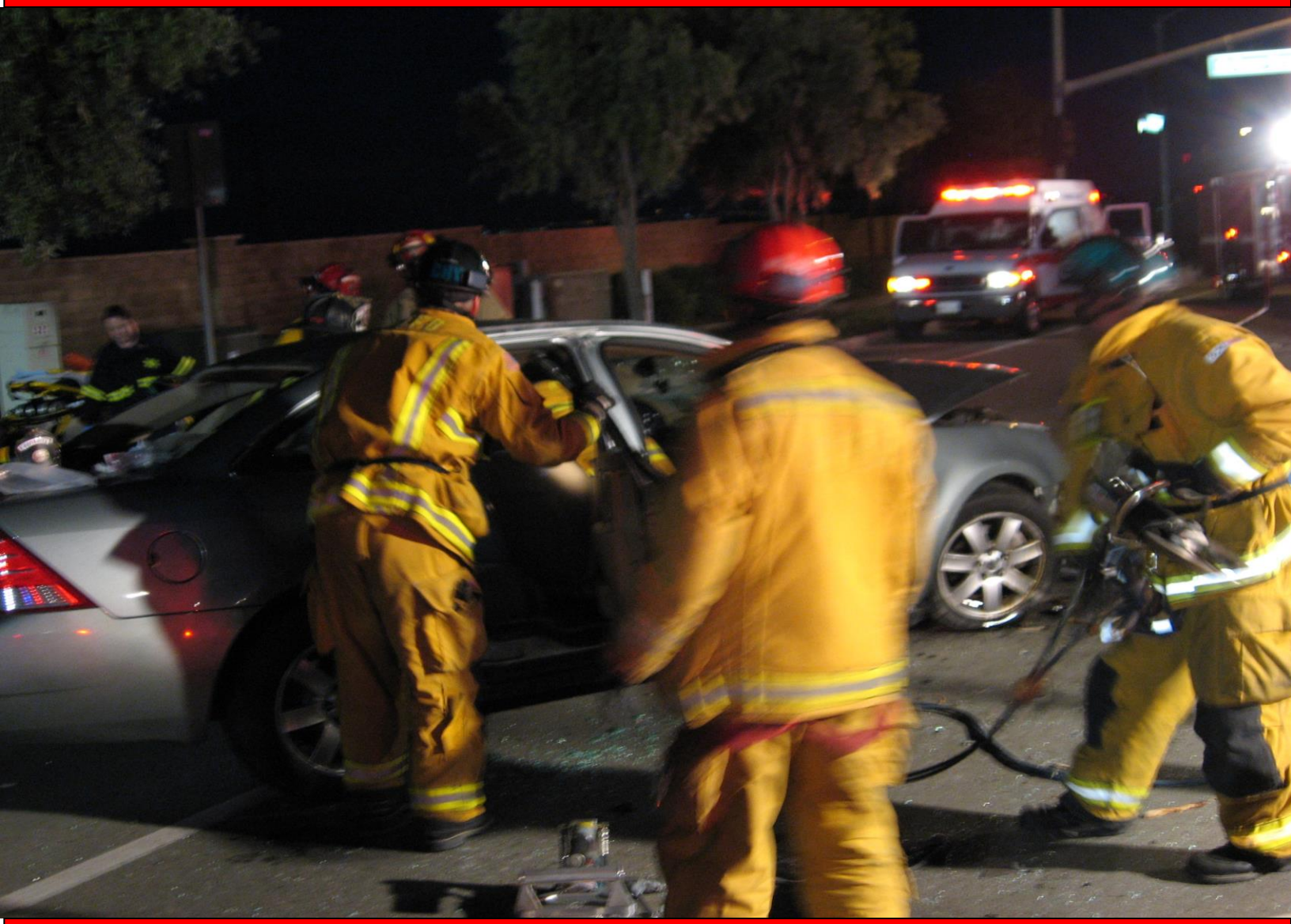
Chula Vista Fire Department

EXPOSURE CONTROL PLAN



Bloodborne Pathogens
Aerosolized Transmissible Diseases

February 2020

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PURPOSE

The Chula Vista Fire Department (CVFD) believes that there are a number of sound, safe, general principles that should be followed when working at emergency incidents where communicable disease and potentially infectious materials may be encountered. These principles include:

- It is prudent to minimize to the extent that is feasible, all exposure to blood, other potentially infectious material (OPIM), and aerosol transmissible pathogens (ATPs).
- Risk of exposure to bloodborne pathogens, OPIM, and ATPs should never be underestimated.
- The Department should institute as many work practice and engineering controls as practical to eliminate or minimize employee exposure to bloodborne pathogens, OPIM, and ATPs.

CVFD has implemented this Exposure Control Plan to comply with Title 8, California Code of Regulations, Section 5193: Bloodborne Pathogens; Section 5199: Aerosol Transmissible Disease; Cal OSHA Tuberculosis Control Enforcement Guidelines and any such subsequent code or regulations aimed at reducing occupational exposure to potentially communicable pathogens.
This plan:

- Outlines and summarizes the requirements of the cited standards
- Evaluates routine tasks and procedures in the workplace that involves exposure to bloodborne, airborne and OPIM, identifies workers performing such tasks and uses a variety of methods to reduce risks.
- Establishes field guidelines for pre-hospital care personnel, outline engineering and work practice controls, personal protective equipment, housekeeping procedures, and post-exposure evaluations to comply with the standard and communicate hazards to applicable personnel and assist in minimizing the risk of being exposed, contracting and/or spreading communicable disease.
- Establishes guidelines for the management of fire department personnel, who in the line of duty, may be exposed to or contract a communicable disease.
- Informs emergency responders of the risks of occupational exposure to blood/airborne pathogens and aerosol transmissible diseases and how to reduce those risks.

The following are the primary goals of the exposure control plan:

- Prevent or minimize employee occupational exposure to blood, OPIM and aerosol transmissible diseases.
- To protect fire department personnel from the health hazards associated with bloodborne pathogens, OPIM’s and aerosol transmissible diseases..
- To provide appropriate treatment and counseling, should an employee be exposed to bloodborne pathogens, OPIM’s and aerosol transmissible diseases.

This plan is available on the CVFD Intranet to ensure accessibility to every employee. This plan will also be available to the City's Human Resources Department, and representatives from California and Federal OSHA and NIOSH.

POLICY

The Chula Vista Fire Department recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency responses and other departmental and in-station operations. The health and welfare of each member is a joint concern of the employee, the officers, and this department. While each employee is ultimately responsible for his or her own health, the department recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide each employee with protection from occupationally acquired communicable disease.

It is the policy of the Chula Vista Fire Department:

A. Administrative Responsibilities
   1. Have an exposure control plan that complies with Cal-OSHA standards that will be reviewed and revised at least annually and whenever necessary to:
      a. Reflect new or modified tasks and procedures which affect occupational exposure.
      b. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, other potentially infectious materials (OPIM) and aerosol transmissible diseases.
      c. Ensure an effective procedure for identifying currently available engineering controls and selecting such controls.
      d. Include new or revised employee positions with occupational exposure.
      e. To review and evaluate the exposure incidents which occurred since the previous update; and
      f. Review and act on information indicating the plan is deficient in any area.
   2. Provide all applicable employees with the necessary training, immunizations, tuberculin testing and personal protective equipment (PPE) necessary for protection from communicable diseases.
   3. Recognize the need for work restrictions based on infection control concerns.
   4. Regard all medical information as strictly confidential. No employee's health information will be released without the written consent of the employee.
   5. Prohibit discrimination of any employee for health reasons, including infection and/or seroconversion with HIV/HBV virus.
   6. Comply with recommendations made by Cal-OSHA Title 8 Bloodborne Pathogens Standard 5193(a) and the United States Health Service, Title 8 Aerosol Transmissible Disease Standard 5199(a) and the United States Health Service, and Tuberculosis Control Enforcement Guidelines.

B. Personnel Responsibilities
   1. Follow all guidelines outlined in the Chula Vista Fire Department Communicable Disease Exposure Control Plan which includes personal protective equipment use, contaminated materials, scheduled cleaning, decontamination, engineering and work practice controls and post exposure management.

2. Safely provide fire, rescue and emergency medical services to the public without regard to known or suspected diagnoses of communicable diseases.
3. Regard all patient contacts as potentially infectious. Standard precautions will always be observed and will be expanded to include Transmission-Based Precautions when indicated.
4. Comply with recommendations made by Cal-OSHA Title 8 Bloodborne Pathogens Standard 5193(a) and the United States Health Service, Title 8 Aerosol Transmissible Disease Standard 5199(a) and the United States Health Service, and Tuberculosis Control Enforcement Guidelines.

DEFINITIONS

- **AEROSOL TRANSMISSIBLE DISEASE" (ATD) OR AEROSOL TRANSMISSIBLE PATHOGEN (ATP)** : A disease or pathogen for which droplet or airborne precautions are required, listed in Appendix B

- **AIDS:** Acquired immune deficiency syndrome.

- **AIRBORNE**: Carried in the air and able to be transmitted in this manner.

- **AIRBORNE INFECTION ISOLATION (AII):** Infection control procedures as described in Guidelines for Preventing Transmission of Tuberculosis in Health-Caring Settings. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens, and apply to patients known to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

- **AIRBORNE INFECTIOUS DISEASE (AIRID)**: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH, as listed in Appendix B or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing novel or unknown pathogen.

- **AIRBORNE INFECTIOUS PATHOGEN (AIRIP):** either: (1) an aerosol transmissible disease or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

- **AIRBORNE PRECAUTIONS:** prevent transmission of infectious agents that remain infectious over long distances when suspended in the air.

- **ANTIBODIES**: Proteins produced by the body in response to the presence of a foreign substance/invader (antigen) in the body. Antibodies are specific to the

foreign invader. Some antibodies protect the body from re-infection by the same pathogen.

- **ANTIGEN**: A substance foreign to a person's body which stimulates an immune response and the production of antibodies.

- **ANTIVIRAL**: Literally "against the virus;" any drug that can destroy or weaken a virus.

- **ASYMPTOMATIC**: Having an infectious organism within the body but showing no outward symptoms.

- **BACTERIA**: Plural of bacterium. Single-cell microscopic organism which can cause disease. Can live on own in soil, water, organic matter or the bodies of plants and animals.

- **BIOHAZARD LABEL:** Label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood or other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and word biohazard on the lower part of the label.

- **BLOOD:** Human blood, human blood components, and products made from human blood.

- **BLOODBORNE PATHOGEN:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), hepatitis G virus (HGV), and human immunodeficiency virus (HIV).

- **BODY SUBSTANCE ISOLATION (BSI):** Focuses on the isolation of all moist and potentially infectious body substances (blood, feces, urine, sputum, saliva, wound drainage, and other body fluids) from all patients, regardless of their presumed infection status, primarily through the use of gloves. (REPLACED WITH STANDARD PRECAUTIONS)

- **CASUAL TRANSMISSION**: The ability to transmit a pathogen through casual daily activities; such as coughing, sneezing, sharing cups, telephones or toilet facilities. The virus that causes AIDS is not casually transmitted.

- **CDC (CENTER FOR DISEASE CONTROL AND PREVENTION)**: A branch of the U.S. Department of Health and Human Services. The CDC provides national health and safety guidelines and statistical data on diseases, including AIDS.

- **CENTRAL NERVOUS SYSTEM**: The portion of the nervous system that consists of the brain and the spinal cord.

- **CDPH:** California Department of Public Health and its predecessor, the California Department of Health Services (CDHS)

- **CASE:** Either: (1) A person who has been diagnosed by a health care provider who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition. (2) A person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements.

- **CONTACT PRECAUTIONS:** Intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission

- **CONTAMINATED:** Presence or the reasonably anticipated presence of blood or other potentially infectious materials on the surface or in or on an item.

- **CONTAMINATED LAUNDRY:** Laundry which has been soiled with blood or other potentially infectious material or may contain sharps.

- **DECONTAMINATION:** Use of physical or chemical means to remove, inactivate, or destroy bloodborne and airborne pathogens and on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or the item is rendered safe for handling, use, or disposal.

- **DIAGNOSTIC**: The use of scientific methods and skillful practice of diagnosis to identify a condition or disease.

- **DROPLET PRECAUTIONS:** Intended to reduce the risk of transmission of pathogens spread through contact if the conjunctivae or mucous membrane of the nose or mouth of a susceptible person with large-particle droplets (larger the 5 mm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism

- **EMERGENCY MEDICAL SERVICES:** Medical care provided pursuant to Title 22 Division 9, by employees who are certified EMT, Advanced EMT, or licensed paramedic personnel to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer.

- **ENGINEERING CONTROLS:** Controls (e.g. sharps containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove communicable disease pathogen hazard from the workplace.

- **ENGINEERED SHARPS INJURY PROTECTION:** either: (1) A physical attribute built into a needle device used for withdrawing fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as a barrier creation, blunting encapsulation, withdrawal or other effective mechanisms; or (2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

- **ENZYME**: A specialized protein that acts as a catalyst to speed up reactions.

- **EXPOSURE INCIDENT:** Bloodborne: Specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, other potentially infectious materials that results from the performance of an employee's duties
  Aerosol transmissible disease: An event in which all of the following have occurred:
  (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by OSHA ATD standards, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

- **FALSE NEGATIVE**: An erroneous test result that indicates no antibodies are present when in fact they are present.

- **FALSE POSITIVE**: An erroneous test result that indicates antibodies are present when in fact there are none.

- **FIELD OPERATION:** An operation conducted by employees that is outside of the employer's fixed establishment, such as paramedic and emergency medical services or transport, law enforcement, home health care, and public health.

- **GUIDELINE FOR ISOLATION PRECAUTIONS. PREVENTING TRANSMISSION OF INFECTIOUS AGENTS IN HEALTHCARE SETTINGS, JUNE 2007, CDC:** Reference for the sole purpose of establishing requirements for droplet and contact precautions.

- **GUIDELINES FOR PREVENTING THE TRANSMISSION OF MYCOBACTERIUM TUBERCULOSIS IN HEALTH-CARE SETTINGS", DECEMBER 2005, CDC**: Reference for the sole purpose of establishing requirements for airborne infection isolation.

- **HANDWASHING FACILITIES:** Facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

- **HBV**: Hepatitis B virus.

- **HCV:** Hepatitis C virus.

- **HEALTH CARE WORKER:** Person who works in a health care facility, service or operation, or who has occupational exposure in a public health service

- **HIGH HAZARD PROCEDURES:** Procedures performed on a person who is a case or suspected case of aerosol transmissible disease in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. Such procedures include, but are not limited to, laryngoscopy, intubation, suctioning, BVM ventilation, CPR, and aerosolized administration of medications,

- **HIGH RISK BEHAVIOR**: A term used to describe certain activities that increase the risk of transmitting or acquiring HIV (e.g., unprotected sex, sharing intravenous needles).

- **HIV**: Human immunodefiency virus (causative agent of AIDS).

- **IMMUNE RESPONSE**: Body's defensive reaction to substances that are interpreted as foreign.

- **IMMUNE SYSTEM**: The body system that protects the body from foreign invaders.

- **IMMUNOGLOBULIN**: A protein produced by the body which acts as an antibody.

- **INDIVIDUAL IDENTIFIABLE MEDICAL INFORMATION:** Medical information that includes or contains any element of personal identifying information, sufficient to allow identification of the individual, such as the person's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

- **INFECTION**: Condition in which the body or a part of it is invaded by a disease-causing agent, which under favorable conditions multiplies and produces effects which are harmful.

- **INFECTION CONTROL PLHCP:** Physician or other licensed health care professional who is knowledgeable about infection control practices, including routes of transmission, isolation precautions, and the investigation of exposure incidents.

- **INVASIVE PROCEDURES**: Diagnostic or surgical procedures that involve the incision or puncture of the skin, or the insertion of an instrument into the body.

- **INITIAL TREATMENT:** Treatment provided at the time of the first contact a health care worker has with a person who is potentially an AirID case or suspected case.

Initial treatment does not include high hazard procedures.

- **LATENT TB INFECTION (LTBI):** Infection with M. tuberculosis in which inactive bacteria are present in the body. Persons with LTBI but do not have TB disease are asymptomatic and are not contagious to others. They typically react positively to TB tests.

- **LOCAL HEALTH OFFICER:** Health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR. Note: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.

- **LYMPHOCYTES**: Commonly known as white blood cells, they play a major role in fighting disease. Lymphocytes are one subclass of leukocytes. The two types of white blood cells commonly associated with AIDS are T-cells and B-cells.

- **M. TUBERCULOSIS:** Mycobacterium tuberculosis complex, which includes M. tuberculosis, M. bovis, M africanum, and M. microti. M. tuberculosis is the scientific name of the group of bacteria that causes tuberculosis.

- **MEDICAL SPECIALTY PRACTICE:** Medical practice other than primary care, general practice, or family medicine.

- **MEDICAL SURVEILLANCE PROGRAM:** Formalized means to monitor the health status of fire department personnel who have been exposed or are at risk for contracting a communicable disease. Surveillance last for one year and may include the following: medical history, physical exam, testing/prophylactic treatment communicable diseases and crisis intervention (employee, coworkers, dependents). Employee medical records are maintained for thirty (30) years post employment.

- **MUCOUS MEMBRANE**: A thin sheet of tissue that covers or lines various parts of the body. It secretes mucus and absorbs water, salt and other liquids. It lines the body cavities that open to the outside, such as the mouth and nostrils.

- **NEEDLE OR "NEEDLE DEVICE:** Needle of any type, including, but not limited to, solid and hollow-bore needles.

- **NEEDLELESS SYSTEM:** Device that does not utilize needles for:
  - The collection or withdrawal of body fluids after initial venous or arterial access is established.
  - The administration of medications or fluids; and
  - Any other procedure involving the potential for an exposure incident due to percutaneous injuries from contaminated sharps.

- **NIOSH:** Director of the National Institute for Occupational Safety and Health. U.S. Department of Health and Human Services or designee.

- **NON-MEDICAL TRANSPORT:** Transportation by employees other than health care providers or emergency medical personnel during which no medical services are reasonably anticipated to be provided.

- **NOVEL OR UNKNOWN ATP:** Pathogen capable of causing serious human disease meeting the following criteria:
  (1) There is credible evidence that the pathogen is transmissible to humans by aerosols; and
  (2) the disease agent is:
  - Newly recognized pathogen, or
  - Newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
  - A recognized pathogen that has been recently introduced into human population, or
  - A not yet identified pathogen

  Note: Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing seasonal variants. Pandemic influenza strains that have not been fully characterized are novel pathogens.

- **OCCUPATIONAL EXPOSURE:** either
  (1) Blood borne pathogen: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
  (2) Aerosol Transmissible diseases: exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs if protective measures are not in place.

- **ONE-HAND TECHNIQUE:** Procedure wherein the needle of a syringe is capped in a sterile manner. The technique shall require the use of only one hand holding the syringe so that the free hand is not exposed to the uncapped needle.
- **OPIM:** Other potentially infectious material. (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), any fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response. (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead)

- **OPPORTUNISTIC INFECTIONS**: Infection that is usually warded off by a healthy immune system. With weak immune systems, these infections "take the opportunity" to harm the body.

- **PARENTERAL CONTACT:** Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

- **PATHOGEN**: A disease-causing organism.

- **PERSONAL PROTECTIVE EQUIPMENT OR PPE:** Specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be PPE.

- **PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP):** Individual whose legal scope of practice allows him/her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required.

- **PROPHYLACTIC DRUGS**: Medication utilized as a protective treatment.

- **REGULATED WASTE:** Any of the following:
  - Liquid or semi-liquid blood or OPIM
  - Contaminated items that can release these materials when handled or compressed or caked with dried blood or OPIM
  - Contaminated sharps
  - Pathological or microbiological wastes containing blood or OPIM

- **REFERRAL:** Directing or transferring of a possible ATD or bloodborne pathogen case to another facility, service or operation for the purposes of transport, diagnosis, treatment, isolation, housing or care.

- **REFERRING EMPLOYER:** Employer that operates a facility, service, or operation in which there is occupational exposure, and which refers AirID or bloodborne pathogen cases and suspected cases to other facilities. Referring facilities, services, and operations do not provide diagnosis, treatment, transport, housing, isolation, or management to persons requiring AII. General acute care hospitals are not referring employers. Law enforcement, corrections, public health, and other operations that provide only non-medical transport for referred cases are considered referring employers if they do not provide diagnosis, treatment, housing, isolation, or management of referred cases.

- **REPORTABLE AEROSOL TRANSMISSIBLE DISEASE (RATD):** Disease or condition which a health care provider is required to report to the local health officer, in accordance with Title 17 CCR, Chapter 4, and which meets the definition of an aerosol transmissible disease (ATD).

- **RESPIRATOR:** Device, which has met the requirements of 42, CFR Part 84, has been designed to protect the wearer from the inhalation of harmful atmospheres, and has been approved by NIOSH, for the purpose for which it is used.

- **RESPIRATOR USER:** Employee who in the scope of their current job may be assigned to tasks which may require the use of a respirator.

- **SCREENING" (HEALTH CARE PROVIDER):** The initial assessment of persons who are potentially AirID or ATD cases by a health care provider in order to determine whether they need airborne infections isolation or need to be referred for further medical evaluation or treatment to make that determination.

- **SHARP:** Object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, lancets, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drill, and burs.

- **SHARPS INJURY:** Injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

- **SHARPS INJURY LOG:** Written or electronic record satisfying the requirements within the OSHA Bloodborne Standard.

- **SEROCONVERSION**: The process by which the blood of a person converts from antibody negative to testing positive for antibodies.

- **SIGNIFICANT EXPOSURE:** Exposure to a source of bloodborne pathogens or ATPs in which circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a PLHCP.

- **SOURCE CONTROL MEASURES:** Use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from the individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.

- **SOURCE INDIVIDUAL:** Individual, living or dead, whose blood, OPIM, airborne particles, or droplets may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

- **STANDARD PRECAUTIONS:** Standard precautions as defined by the CDC combine the major features of Universal Precautions and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents.

- **SURGE:** Rapid expansion beyond normal services to meet increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster.

- **SUSCEPTIBLE PERSON:** Person who is at risk of acquiring an infection due to lack of immunity as determined by a PLHCP in accordance with applicable public heath guidelines.

- **SUSPECTED CASE:** Either, (1) A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a disease or condition. (2) A person who is considered a probable case, or epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements as applied to a particular disease or condition.

- **SYMPTOMATIC**: Exhibiting symptoms of a disease or disorder.

- **TB CONVERSION:** Change from negative to positive as indicated by TB test results, based upon current CDC or CDPH guidelines for interpretation of the TB test.

- **TEST FOR TUBERCULOSIS INFECTION (TB TEST):** Any test, including the tuberculin skin test and blood assay for M. Tuberculosis (BAMT) such as interferon gamma release assays (IGRAs) which:
  (1) has been approved by the Food and Drug Administration for the purpose of detecting tuberculosis infection and
  (2) is recommended by the CDC for testing for TB infection in the environment in which it is used, and
  (3) is administered, performed, analyzed, and evaluated in accordance with those approvals and guidelines.

- **UNIVERSAL PRECAUTIONS:** Approach to infection control in which all human blood and body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. (REPLACED WITH STANDARD PRECAUTIONS)

- **VECTORBORNE**: Transmission of a disease-causing organism by an intermediate carrier (vector); usually an insect.

- **WORK PRACTICE CONTROLS:** Controls that reduce the likelihood of exposure by defining the way a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

GENERAL PROGRAM MANAGEMENT

RESPONSIBLE PERSONS

In order to effectively implement an Exposure Control Plan, there needs to be a collaborative effort from all personnel.This plan outlines the responsibility of the following personnel.

- Designated Infection Control Officer
- Deputy Chief of Operations / Training Division
- Shift Battalion Chiefs and Company Officers
- Fire Department Personnel

The following section defines the roles of these individuals in carrying out the plan. Throughout this written plan, employees with specific responsibilities are identified.

Designated Infection Control Disease Officer (DO)

Responsible for implementation of the Communicable Disease Exposure Control Plan

Responsibilities include, but are not limited to:

- Overall oversight of the Communicable Disease Exposure Control Program.
- Developing or delegating the development and maintenance of the Exposure Control Plan for the Chula Vista Fire Department.
  - Revise or delegate the revision and updating annually and as necessary.
- Ensuring the implementation of the Fire Department Exposure Control Plan.
- Working with Fire Department personnel to develop and administer any additional communicable disease related policies and practices needed to support the effective implementation of this plan.
- Maintaining knowledge of current legal requirements concerning communicable diseases.
- Periodic review of workplace practices and engineering controls which affect the potential for occupational exposure to Bloodborne pathogens or OPIM's.
- Maintaining adequate supplies of EMS personal protective equipment.

- Post Exposure Activities
  - Initiating medical evaluation and treatment for the exposed personnel.
  - Notifying the hospital that the source patient was taken to that an exposure occurred and request voluntary testing.
  - Follow-up on the post exposure procedures and testing.
  - Provide post exposure information to exposed personnel.
- Acting as the Fire Department's representative and liaison with OSHA during inspections.
- Managing the Communicable Disease Control Program by delegating authority and responsibility to appropriate officers and members as follows:

Deputy Chief of Operations
Responsible for assisting in the development, management and implementation of the Communicable Disease Exposure Control Plan

Activities delegated to the Deputy Chief of Operations include, but are not limited to:

- Conducting annual reviews to maintain an up-to-date Exposure Control Plan.
  - Revise and update the Exposure Control Plan when necessary.
- Maintaining knowledge of current legal requirements concerning communicable diseases.
- Reviewing and developing departmental educational programs to ensure information is up to date.
  - Provide information and training curriculum.
  - Maintain appropriate training documentation.
- Maintaining an up-to-date data base of fire department personnel who are required to receive training.
- Conducting annual respirator / mask fit testing and documentation.

Battalion Chiefs and Company Officers
The Fire Department Battalion Chiefs and Company Officers are responsible for exposure control on their respective shifts, and within their individual companies. They work directly with the Designated Officer and Fire Department employees to ensure that proper exposure control procedures are followed.

- If the Infection Control Officer is off on the day the exposure occurs, the company officer will be responsible for post exposure activities.

Fire Department Personnel
As with many of the Department's activities, fire department personnel have the most important role in our Communicable Disease Exposure Control Program. Ultimately, the execution of the plan is each department member's role. To fulfill this role each must do the following:

- Know which tasks they perform that have potential for occupational exposure to communicable diseases.
- Attend communicable disease training sessions.
- Plan and carry out all operations in accordance with the department's work practice controls.
- Develop and maintain good personal hygiene habits.

AVAILABILITY OF THE COMMUNICABLE DISEASE EXPOSURE CONTROL PLAN TO FIRE DEPARTMENT PERSONNEL

To enable fire department personnel to familiarize themselves with the content of the Exposure Control Plan, it shall be available on the Chula Vista Fire Department intranet (J:Fire/EMS/Exposure Control Plan) and on the Target Solutions main page . All personnel will be informed of the plan's availability and directed to become familiar with its scope.

EVALUATION AND REVIEW

The DO is responsible for at least annually reviewing this program to evaluate the effectiveness of the program and that deficiencies found are corrected. The date the plan was reviewed shall be recorded on the new version of the exposure control plan.

TASK/POSITION EXPOSURE DETERMINATION

EXPOSURE DETERMINATION

The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood, aerosol transmissible diseases (ATD) or Other Potentially Infectious Materials (OPIM).

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, OPIM or ATD that may result from the performance of an employee's duties. Parenteral contact means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions

The exposure determination is made without regard to the use of personal protective equipment. This review process involves identifying all job classifications, tasks, or procedures in which our employees may have occupational exposure.

1. This exposure determination is required to list the all job classifications in which employees may be expected to incur occupational exposure, regardless of frequency.

Job Classifications in Which All Employees Have Occupational Exposure	
JOB TITLE	**Task/Procedures in These Jobs That Have Occupational Exposure**
Battalion Chief	Medical Response
Fire Captain	Medical Response
Fire Engineer	Medical Response
Firefighter	Medical Response
EMS Chief	Medical Response

2. In addition, CalOSHA requires a listing of job classifications in which some employees may occasionally have occupational exposure to bloodborne pathogens, aerosol transmissible diseases (ATD) or Other Potentially Infectious Materials (OPIM). These employees do not have responsibility for responding to medical aid with the purpose of render emergency medical care. Occasionally, while in the course of their duties, they may come across a medical emergency. In this situation, first-aid may be provided until the arrival of EMT's or Paramedics.

Job Classifications in Which Some Employees Have Occupational Exposure	
JOB TITLE	**Task/Procedures in These Jobs That Have Occupational Exposure**
Fire Chief, Administration	Emergency first aid
Deputy Chief, Operations	Emergency first aid
Division Chief, Fire Marshal	Emergency first aid
Fire Inspector/Investigator	Emergency first aid
Facility & Supply Specialist	Emergency first aid & Equipment Maintenance
C.A.S.T. Members	Emergency first aid
Chaplain	Emergency first aid

TASKS AND PROCEDURES WITH POTENTIAL EXPOSURE RISK

Tasks and Procedures have been identified as having potential exposure risk of bloodborne, ATD or OPIM include, but are not limited to:

- Provision of emergency medical care to the sick or injured patients (e.g. taking vital signs, stabilizing bone fractures including spinal immobilization, control active bleeding, dressing and bandaging wounds, managing combative patients, child birth, ect)
- Rescue and extrication victims from a variety of environments
- Responding to hazardous materials emergencies
- Handling of blood, blood products or body fluids, or objects contaminated with these substances
- Phlebotomy or vascular access procedures (e.g. establishing an intravenous or intraosseous line, obtaining a blood sample)
- Contact with mucous membranes or non-intact skin (e.g. wound care, inserting an airway, suctioning, performing CPR, removing airway obstructions)
- Being in the presence of and providing care to a known or suspected AirID case, with increased caution when performing aerosol generating procedures that may result in increased exposure to airborne, droplet and contact transmission of aerosol transmissible disease, including, but not limited to suctioning, placement of an airway adjunct, providing ventilatory assistance, administering aerosolized medications.
- Transport of AirID case or suspected case
- Working in a residence where an AirID case or suspected case is known to be present
- Cleaning/processing/handling contaminated work areas, equipment and or linen
- Handling/disposal of waste (includes sharps, regulated medical waste, and trash produced during the delivery of patient care)
- Maintenance and repair of apparatus in which potentially infectious materials may be present

METHODS OF COMPLIANCE

It is understood that there are several areas that must be addressed in departmental operations and practices, in order to effectively eliminate or reduce exposure to bloodborne pathogens, OPIM and ATD. The following represent the eight primary concerns to provide comprehensive adherence to the standard:

- The use of **CDC Precautions**
  - **Standard Precautions**
  - **Transmission based Precautions**
    - Contact Precautions
    - Droplet Precautions
    - Airborne Precautions
- Establishing appropriate **Engineering and Work Practice Controls**
- Implementing appropriate **Decontamination**
- Using necessary **Personal Protective Equipment (PPE)**
- Determining **Exposure**
- Implementing appropriate **Pre-employment Testing and Vaccinations**
- **Communication of Hazards to Employees**
- Establishing **Record Keeping of This Standard**

Through strict adherence to Cal/OSHA's Standards in each of these areas, the Chula Vista Fire Department is confident that it will eliminate, or reduce the extent of communicable disease exposure of the department's personnel.

Standard Precautions
Since it is impossible to determine the infectious status of all patients with reasonable accuracy, Employees shall assume that all patients are potential carriers of infectious diseases and universal precautions should be followed.

Standard precautions as defined by the CDC combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene; use of gloves, gown, mask, eye protection, or face shield,

depending on the anticipated exposure; respiratory hygiene/cough etiquette and safe injection practices.

COMPONENT	PROCEDURES
Hand hygiene	• After patient contacts • After touching blood, body fluids, secretions, excretions, contaminated items; and • Immediately after removing gloves
Gloves	• Disposable gloves shall be worn on all emergency medical responses. Personnel remaining away from the immediate area of a medical response may carry the gloves with them in lieu of wearing them.
Gown/Turnouts	• Heavy bleeding or large amounts of other body fluids, • Including vomiting, childbirth, urine, feces, etc. Whenever • Splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and where contamination of the mucous membranes of the eyes, nose or mouth can be reasonably anticipated.
Mask, eye protection/safety glasses (or goggles),	• Whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and where contamination of the mucous membranes of the eyes, nose or mouth can be reasonably anticipated.
Mechanical ventilation –BVM or other ventilation devices to prevent contact with mouth and oral secretions	• Patient resuscitation
Respiratory hygiene/cough etiquette (source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter)	• Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle. • Place surgical mask on patient if tolerated • Maintain spatial separation, >6 feet if possible for personnel not participating in primary patient care.

APPLYING STANDARD PRECAUTIONS

TRANSMISSION-BASED PRECAUTIONS

There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Transmission-Based Precautions, and Airborne Precautions.

Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. For some diseases that have multiple routes of transmission (e.g., SARS), more than one Transmission-Based

Precautions category may be used. When used either singly or in combination, **they are always used in addition to Standard Precautions**.

Contact Precautions

Contact precautions are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the patient or the patient's environment. Contact precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission.

Contact precautions include wearing a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.

Droplet Precautions

Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. These pathogens do not remain infectious over long distances (less than three to six feet).

Droplet precautions include wearing a mask (a respirator is not necessary) for close contact with infectious patient. When transporting patients requiring droplet precautions, patient should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette.

Airborne Precautions

Airborne Precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in the air (e.g., rubeola virus [measles], varicella virus [chickenpox], Mycobacterium. tuberculosis, and possibly SARS)

When caring for patients requiring airborne precautions wear a fit-tested NIOSH-approved N95 or higher level respirator

Whenever possible, non-immune personnel should not care for patients with vaccine-preventable airborne diseases (e.g., measles, chickenpox, and smallpox).

- **Note:** When a CVFD member is performing a high-risk procedure on a patient requiring airborne precautions, wear a fit-tested NIOSH approved P100 level respirator.

PERSONAL PROTECTIVE EQUIPMENT

The CVFD recognizes that personnel will sometimes be exposed to communicable diseases and is committed to minimizing that exposure risk. All personnel with an identified exposure risk as outlined in Task/Position Exposure Determination will be provided with personal protective gear and receive training on when to use, how to use, and how to dispose of such gear after use. This equipment will be replaced as needed to maintain its effectiveness at no cost to the personnel.

This equipment includes, but is not limited to:

- Gloves (both latex and leather)
  - Hypoallergenic gloves, or equivalent, are readily available to employees who have an allergy to the gloves routinely provided by the department.
- Safety glasses

- Goggles
- Face shields/masks
- Moisture resistant disposable gowns

The following safety procedures and information shall be utilized in regard to Personal Protective Equipment:

Required Personal Protective Equipment
All emergency response vehicles shall be required to maintain minimum inventories of personal protective equipment listed below:

- Each person assigned to a unit will be responsible to maintain for their personal use, as contained in their EMS fanny pack or EMS jacket, a minimum of the following:
  - One pair of disposable safety glasses
  - Two N95 NIOSH -approved face masks (fit tested)
  - One disposable gown
  - Two pair of disposable gloves
  - Hand sanitizer
- Advanced Life Support apparatus shall have:
  - Disposable gloves
  - N95 NIOSH -approved face masks (fit tested) – 1 box (20 masks)
  - P100 NIOSH-approved face masks (fit tested) – 1 box (5 masks)
  - Disposable gowns
  - Hand sanitizer
  - Pediatric and adult ventilation bag
  - Disposable red “infectious waste” plastic bags
  - Antimicrobial hand cleaner
- All other emergency response vehicles shall maintain personal protective equipment. It shall be the responsibility of the person assigned to the unit to ensure the required items are available.

Respirator Selection
Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) and OSHA will be selected and used. This approval can be recognized by the NIOSH approval or TC number on the respirator. Chula Vista Fire Department will offer a medical evaluation to all employees with occupational exposure to aerosol transmissible diseases to determine each employee’s ability to use a respirator before the employee is fit tested or required to use a respirator.

Respirator Fit Testing
Fit tests are conducted to determine that the respirator fits the user adequately and that an adequate face seal, without leakage, can be obtained. Respirators that do not seal do not offer adequate protection. All EMS personnel who wear respirators will be fit-tested prior to initial use and at least annually thereafter or more frequently if there

is a change in the status of the wearer (10% weight change, facial scarring, dental change, cosmetic surgery or change in facial hair growth) or if the model or type of respirator changes. If after passing a fit test, the employee subsequently notifies the department that the fit of the respirator is unacceptable; the employee shall be given a reasonable opportunity to select a different respirator and to be retested for proper fit.

All EMS personnel will be fit-tested with the make, model and size of the respirator that they will wear. The method of fit testing shall follow the manufacturer's recommendation for fit testing. Personnel who wear corrective glasses or other PPE with their respirator should wear them during the fit test.

Seal Checks before Each Use:
Respirators shall be checked for the proper sealing by the user whenever the respirator is first put on, using the seal check procedure recommended by the manufacturer.

Proper Respirator Use and Disposal
EMS personnel will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected models. In addition, the respirator shall not be used in a manner for which it was not certified by NIOSH or recommended by the manufacturer.

- Safety glasses or goggles should be worn in a way that doesn't interfere with the seal.
- Prior to donning the respirator, inspect to see if the respirator is damaged, misshapen or soiled. If so, discard the respirator.
- When donning the respirator, determine whether the straps hold the respirator tightly against the face, and if the metal nose clip is in place and functions properly. If not, discard the respirator.
- EMS personnel will conduct seal checks each time they wear a respirator following the manufacturer's recommended procedures. In general, the seal check involves placing both hands completely over the filtering face piece, inhaling sharply and repositioning the respirator if air leaks are detected between the face and face seal. If a proper seal cannot be achieved, do not enter a contaminated area.
- EMS personnel should leave a contaminated area if the respirator needs to be changed.
- N-95 disposable respirators should be stored in a clean, dry area where they won't be crushed or misshapen.

Respirator Training
Training of EMS personnel will be done when respirators are issued and annually thereafter. If a new type of respirator is issued or conditions affecting respirator use change, additional training in using that respirator will be provided. After completing training, personnel must be able to demonstrate their understanding of the topics covered in the training. Training will include the elements required by the Cal-OSHA Aerosol Transmissible Disease Regulation

- Why the respirator is necessary - potential hazards and health effects
- The respirator's capabilities and limitations

- How improper fit, use or maintenance can make the respirator ineffective
- How to properly inspect, put on, seal, check use and remove the respirator
- Where to find the department's written respiratory protection program and the Cal-OSHA regulation

Use of Personal Protective Equipment

Personal protective equipment shall be made available to all personnel identified in Task/Position Exposure Determination with exposure hazard risk, and the following safety procedures shall be followed governing their usage:

Where a reasonable expectation of blood or body fluid splashes may occur, personnel shall wear goggles or safety glasses, gowns, respirators and/or face masks as indicated by the circumstances of the emergency. These items are provided by the Chula Vista Fire Department, and are readily accessible and shall be used on all calls where a potential risk for exposure is evident.

In addition, personal protective equipment shall be worn under the following conditions:

- Gloves – The wearing of medical gloves for personnel is mandatory for all "patient contacts," or utilization of equipment/materials used to work on patients.
- N95 Face Mask – In circumstances where a patient has an active productive cough or has or is suspected of having an aerosolized infectious disease - the use of the N95 face mask is required for use by all CVFD personnel attending the patient.
- N95 Face Mask – Required for use by CVFD personnel who performs high-risk medical procedures. Such examples include, but are not limited to airway adjunct insertion, suctioning, BVM ventilatory support, CPR, nebulized saline administration, and child birth incidents.
- P100 Face Mask - Required for use by CVFD personnel who performs a high-risk medical procedure on patients with known or suspected AirID cases. Such examples include, but are not limited to: airway adjunct insertion, suctioning, BVM ventilatory support, CPR, nebulized saline administration, and child birth incidents.
    1. In cases of airborne disease transmission, it should be noted that some diseases (i.e., tuberculosis) may be transmitted by dust particles which are contaminated by the patient in non-ventilated, confined spaces in addition to direct contact with patient sputum. These contaminated dust particles may then be disturbed by personnel who are working in the room causing them to become airborne again. This may then allow them to be inhaled by people within the room and potentially contribute to disease transmission over a period.
    2. Personnel coming in contact with aerosol transmissible diseases are to follow the procedures as outlined in the "Exposure" section.
    3. Additionally, it is recommended that the patient be moved to an uncontaminated environment (such as the ambulance) or a well-ventilated area for further assessment or treatment.
    4. If the patient condition permits, surgical mask (do not use a N95 or P100) may be utilized on the patient.

- Do not place on patients who are exhibiting obvious signs of respiratory compromise, escalating patient anxiety, or passing excreta that may restrict ventilatory ability.
- Use extreme caution and sound medical judgment when considering the use of a surgical mask or particulate filtration mask on a source case.

- Effective September 1, 2010 EMS personnel shall wear a fit tested P100 respirator instead of the N95 respirators when performing high hazard procedures on AirID cases or suspected cases.
- Adjunct Devices for airway ventilation: Personnel will utilize all provided airway equipment and devices in the resuscitation of patients. Mouth-to-Mouth or Mouth-to-Tube Resuscitation ventilation without the aid of mechanical or adjunct devices shall not be done.
- To ensure that all PPE remains uncontaminated and is maintained in a condition capable of protecting employees, Company Officers shall be responsible for ensuring that all employees adhere to the following practices:
  - All PPE shall be inspected periodically, and shall be repaired/replaced as necessary to maintain its effectiveness
  - Reusable PPE shall be cleaned, laundered, and decontaminated as needed.
  - Single-use PPE (any PPE that cannot be cleaned or decontaminated) is to be disposed of and replaced prior to the next service call.
  - Personal protective equipment shall be replaced anytime the integrity of the equipment is compromised (i.e., torn, punctured).
  - Personal protective equipment shall only be disposed of in approved containers and as soon as possible upon leaving the scene.

Recommended PPE for Tasks in the Workplace

Procedure	Gloves	Safety Glasses	Surgical Mask	N95 Mask	Gown/ Turnouts
Any patient contact	X	X			
Light contact with blood or other body fluids. This includes starting IVS, finger sticks for chemstrips and applying dressings to wounds.	X	X			
Heavy bleeding or large amounts of other body fluids, including vomiting, childbirth, urine/fecal contamination, etc.	X	X	X		X
Spraying/splattering body fluids or situations when this can be anticipated	X	X	X		X
ET/ETAD intubation, BVM ventilation, CPR, suctioning and/or administering aerosolized medications	X	X		X	

ET/ETAD intubation, BVM ventilation, CPR, suctioning and/or administering aerosolized medications to a known or suspected ATD case	X	X		*X (P100)	
Pt. coughing, sneezing, or febrile	X	X		X	
Known or suspected ATD cases	X	X		X	

ENGINEERING CONTROLS

One of the key aspects of the Exposure Control Plan is the use of Engineering Controls to eliminate, and/or minimize, employee exposure to communicable diseases. As a result, employees shall use cleaning and a maintenance technique, along with other equipment, that is designed to prevent contact with blood, OPIM's or droplets from aerosolized transmissible diseases.

The department's Designated Officer and Battalion Chief's are responsible for periodically reviewing with personnel of all rank, the tasks and procedures performed in the department's operations to determine if engineering controls need to be implemented, upgraded, or updated.

Sharps Engineering Controls:

- Implementation of "needleless" intravenous supplies and self-sheathing needles.
- Needleless systems shall be used in any procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.
- When a needleless system is not used, needles with engineered sharps injury protection shall be used for any procedure involving the potential for an exposure incident. Exceptions include:
  - If not available in the marketplace
  - If a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that use of the engineering control will jeopardize the patient's safety or success of a medical procedure involving the patient. The determination shall be documented.
- Prohibited Practices for Sharps
  - Shearing or breaking of contaminated needles and other contaminated sharps
  - Contaminated sharps shall not be bent, recapped, or removed from devices.
    - Exception: Contaminated sharps may be recapped if: The procedure is performed using a one-handed technique
  - Sharps contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
  - Disposable sharps shall not be reused.

- Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.
- The contents of sharps containers shall not be accessed.
- Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

- Sharps Containers shall be used for contaminated sharps and must meet the following engineering control measures.
  - Rigid.
  - Puncture resistant.
  - Leak proof on the sides and bottom.
  - Portable, if portability is necessary to ensure easy access by the user.
  - Labeled in accordance to Cal-OSHA standards.
  - Closeable and sealable. When sealed, the container must be leak resistant and incapable of being reopened manually, with and without the use of tools.

- Requirements for Handling Contaminated Sharps.
  - All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
  - Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements above.
  - At all times during the use of sharps, containers for contaminated sharps shall be:
    - Easily accessible to personnel and located as close as is feasible to areas where sharps are used or can be anticipated (e.g., laundries, patient treatment sites, ambulances).
    - Maintained upright throughout use, where feasible; and
    - Replaced as necessary to avoid overfilling.
  - Disposal: When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:
    - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
    - Placed in a secondary container if leakage is possible. The second container shall be:
      - Closeable.
      - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
      - Labeled according to Cal-OSHA standards.

Hand washing Facilities
Areas to wash hands and/or antiseptic hand cleaners or wipes are provided by the department.

Labels and Signs
Chula Vista Fire Department shall ensure red biohazard waste bags and sharps containers are labeled with the universal biohazard symbol and the legend “Biohazard”. Any regulated waste, items or containers holding or used to store or transport blood or OPIM should be placed in these labeled biohazard bags. Additionally the following items shall have a biohazard labels:

- Containers of infectious waste
- Sharps disposal containers
- Other containers used to store or transport blood or OPIM’s.

Regulated waste that has been decontaminated and household waste is not required to comply with these labeling requirements.

WORK PRACTICE CONTROLS
In addition to Engineering Controls, the department uses several Work Practice Controls to help eliminate or minimize employee exposure to communicable diseases. Company officers shall be responsible for overseeing the Work Practice Control policies, with the ultimate implementation responsibility resting directly with the employee himself/herself.

The following Work Practice Controls are part of the Departments Exposure Control Plan. These Work Practice Controls shall be reviewed annually by the designated infection control officer to determine compliance with the State and Local Standards.

The following work practices shall be utilized as indicated:

Hand Washing Work Practices
Hand washing is the single most important way of preventing the spread of infection. Wash hands with soap and water for at least twenty (20) seconds. If soap and water are not available on scene, an antiseptic hand cleanser may be used (rub hands together until dry) but a soap and water wash must be done immediately upon return to quarters or upon arrival at the hospital.

Personnel shall wash their hands:
- After removing PPE
- After each patient contact

- After handling potentially infectious materials
- After cleaning or decontaminating equipment

Note: Under no circumstances shall personnel wash hands in kitchen areas after exposure to a possible infectious substance.

Food / Drinks

In order to reduce the possibility of an infectious exposure through ingestion, the following procedures shall apply:

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is potential for exposure to bloodborne pathogens or OPIM's is prohibited (includes areas where infectious materials are stored).
- Under no circumstances shall personnel bring contaminated clothing/equipment into food processing or eating areas**.**
- Storage of infectious substances in refrigerators utilized for food/drinks is prohibited.
- Food and drinks shall not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or OPIM's may be present.

Work Restriction Guidelines

The table below summarizes suggested work restrictions for health care workers exposed to or infected with infectious diseases of importance in health care settings, in the absence of state and local regulations (modified from ACIP recommendations).

Disease / Problem	Work Restriction	Duration
Conjunctivitis	Restrict from patient contact and contact with patients environment	Until discharge ceases
Cytomegalovirus infections	No restriction	
Diarrheal diseases		
Acute stage (diarrhea with other symptoms)	Restrict from patient contact with the patients environment, or food handling	Until symptoms resolve
Convalescent stage Salmonella spp.	Restrict from care of high risk patients	Until symptoms resolve; consult with local local and state health care officials regarding need for negative stool cultures.
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and two cultures obtained $\geq$ 24 hours apart are negative
Enteroviral infections	Restrict from care of infants, neonates, and immuno-compromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patients environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B		
Personnel with acute or chronic Hepatitis B surface antigenemia who do not perform exposure prone procedures…	No restrictions; refer to state regulations; standard precautions should always be observed	
Personnel with acute or chronic Hepatitis B antigenemia who perform exposure prone procedures	Do not perform exposure-prone procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedures as well as still and technique of worker.	Until Hepatitis B e antigen is negative
Hepatitis C	No recommendation	
Herpes simplex		
Genital	No restriction	
Hands (herpetic window)	Restrict from patient contact, and contact with the patients environment	Until lesions heal
Orofacial	Evaluate for need to restrict from care of high risk patients	

HIV	Do not perform exposure prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedures as well as skill and technique of worker; standard precautions should always be observed.	
Measles (active)	Exclude from duty	Until 7 days after rash appears
Mumps (active)	Exclude from duty	Until 9 days after onset of parotitis
Post-exposure (susceptible personnel)	Exclude from duty	From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis
Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
Pertussis (Active)	Exclude from duty	From beginning of catarrheal stage through 3rd week after onset of paroxysms or until 5 days after start of effective microbial therapy
Post-exposure (asymptomatic personnel)	No restriction. Prophylaxis recommended	
Rubella (active)	Exclude from duty	Until 5 days after rash appears
Post exposure to susceptible personnel	Exclude from duty	From 7th day after 1st exposure through the 21st day after last exposure
Scabies	Restrict from patient contact	Until cleared by medical evaluation
Staphylococcus aureus		
Active, skin draining lesions	Restrict from patient contact and patients environment, food handling	Until lesions have resolved
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal infection group A	Restrict from patient care, patients environment, and food handling	Until 24 hours after adequate treatment started
Tuberculosis		
Active disease	Exclude from duty	Until proven non-infectious
PPD converter	No restriction	
Varicella (active)	Exclude from duty	Until all lesions dry and crust
Post exposure (susceptible personnel)	Exclude from duty	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure
Zoster		
Localized in healthy person	Cover lesions; restrict care from high-risk patients	Until all lesions dry and crust
Generalized or localized in immuno-suppressed person	Restrict from patient contact	Until lesions dry and crust
Viral respiratory infections, acute febrile	Consider excluding from the care of high-risk patients, their environment during community outbreak or RSV and influenza	Until acute symptoms resolve

Contaminated Waste Material and Disposal
Personnel are directed to handle contaminated waste according to the "*CVFD Medical Waste Management Plan*". The following guidelines shall be observed when handling and/or disposing of contaminated waste:

- Any contaminated disposable equipment or materials shall not be disposed of in regular waste containers.
- All contaminated waste/materials ***except sharps***, from medical responses will be placed in an infectious waste bag (red biohazard bag) and labeled with "CVFD" on the outside of the bag. All contaminated waste is placed in containers located at fire stations #2 and #6. These bags must meet the Cal-OSHA standards:
  - Closeable.
  - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
  - Labeled according to Cal-OSHA standards; and
  - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Where the possibility of leakage exists, waste/materials placed in an infectious waste container shall be "double bagged" and sealed.
- Fire apparatus and vehicles used where contaminated waste or materials are generated shall be equipped with portable waste containers, i.e., infectious waste bags.
- Personnel shall make every effort to ensure all items, and equipment used on emergency scenes is properly disposed of. In the event a patient's clothing or other articles need to be transported with him/her to the hospital, and the possibility exists that these materials are contaminated, they are to be placed in a separate infectious waste bag and sealed.
- Personnel shall wear gloves when handling disposable waste containers including, but not limited to sharps containers and infectious waste bags.
- All infectious waste shall be placed in infectious waste bags and transported with the paramedics or the ambulance for disposal at the hospital.

Handling Contaminated Sharps
The following work practices in regard to sharps shall be adhered to:

- <u>It is the responsibility of the person who opens and uses a sharp to properly secure and dispose of it.</u>
- All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, intraosseous injections, administering medications or fluids, or any other procedure involving the potential for

an exposure incident with a sharps device, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

- Contaminated needles and other contaminated sharps shall not be sheared or purposely broken.
- Contaminated sharps shall not be bent, recapped, or removed from devices.
  - Exception: Contaminated sharps may be recapped if:
    - The procedure is performed using a one-handed technique (see definitions)
- Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.
- Sharps contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Immediately or as soon as possible after use, contaminated sharps shall be placed in an approved contaminated sharps container. At all times during the use of sharps, containers for contaminated sharps shall be:
  - Easily accessible to personnel, located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found.
  - Maintained upright throughout use, where feasible; and
  - Replaced as necessary to avoid overfilling.
- Disposal of Sharps Containers
  - Sharps containers shall be disposed of when three-quarters full. Do not allow the sharps containers to become filled to a level making it difficult to insert a sharp.
  - Sharps containers shall not be opened, emptied, reused or cleaned manually or in any other manner which would expose employees to the risk or sharps injury.
  - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
  - The contents of sharps containers shall not be accessed.
  - Placed in a secondary container if leakage is possible. The second container shall be:
    - Closeable.
    - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
    - Labeled according to Cal-OSHA standards.
  - Sharps containers are to be disposed of at the designated bio-hazard disposal sites located at station #2 and #6.

Servicing or Shipping Contaminated Equipment

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

- A readily observable label in accordance Cal-OSHA standards shall be attached to the equipment stating which portions remain contaminated.
- Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Source Control Measures

- Early identification of potential aerosol transmissible disease (ATD):
    - Identification from San Diego FD Dispatch. Patient's identified of having influenza like symptoms (ILI), or other possible infectious diseases shall be communicated to field personnel both verbally and within the CAD notes.
    - Social Distancing (6- foot assessment): EMS personnel will conduct a 6 foot assessment upon arriving on scene to determine if anyone on scene is at risk of transmitting an ATD
- Separation: In EMS, there are no isolation rooms; the following measures of separation shall be utilized.
    - Surgical mask on patients suspected of having an aerosolized transmissible disease.
    - The Captain on scene shall limit the exposure of their crew, and determine which personnel are needed for patient care.
- Cough Etiquette
    - "Cover your cough" will be part of EMS communicable disease training
- Information for those entering the work setting
    - Communication with patients, family and those on scene regarding the needed source control measures and personal protective equipment utilized by EMS shall be done by the EMS personnel.

Transporting an Aerosol Transmissible Disease (ATD) Source Patient

The following procedures shall be exercised

- With CVFD personnel assisting during transport -ensure that the transporting agency activates the non-circulating air conditioning system and exhaust system in the patient compartment to reduce the concentration of airborne particulate.

- Encourage the source case to cover his/her mouth with a tissue prior to coughing or any action that may propagate additional airborne particulate.

Miscellaneous Work Practices

The following work practice shall be adhered to

- Mouth pipetting/suctioning of blood or OPIM's is prohibited.
- All procedures involving blood or OPIM's must be performed with cautious attention to avoid splashing, spraying, spattering or generating airborne droplets of these materials.
- Any contaminated equipment must be examined and decontaminated as necessary prior to servicing and/or shipping (unless it can be demonstrated that decontamination is not feasible). Information concerning the contamination shall be conveyed to all affected employees or equipment representatives prior to handling, servicing, or shipping.
- Consider the use of plasticized disposable blankets for use where excessive body fluids are present.

Surge Procedures

- CVFD will maintain procedures for pandemic/surge situations in which PPE will be stockpiled, accessed and procured, and how CVFD will interact with local and regional emergency plans. (Refer to the *"CVFD Pandemic Influenza & Infectious Disease Response Plan*")

DECONTAMINATION

It is essential for all personnel to follow decontamination guidelines in order to reduce the communicability of an infectious disease. Personal protective equipment (PPE) must be utilized during all phases of decontamination.

Field Decontamination

- Contaminated items such as disposable gloves, gowns, airways, airway adjuncts and any contaminated bandaging material shall be collected, placed into a red plastic bio-hazard bag and delivered to either fire station #2 or fire station #6 for disposal. If available, the transporting agency may accept and dispose of the bagged contaminated items.

- The Captain or incident commander shall ensure that nothing such as contaminated bandage material; patient clothing if contaminated with blood or other bodily fluids, needles or any such item that may pose a threat to the public shall not be left unattended at the emergency scene.
- CVFD personnel shall promptly wash with an antimicrobial skin wash if there was the slightest chance that blood or bodily fluid contact was made.

- All drying material that was used for the purpose of hand and skin drying after a possible exposure shall be deemed contaminated and will be placed into a designated container/red plastic bag and taken care of in the proper aforementioned manner.
- Contaminated non-intact skin shall be cleaned using a skin disinfectant and then dressed and bandaged as required. Contaminated mucous membranes shall be flushed using 1000 cc's of normal saline solution over a 15-minute period.
- Contaminated work surfaces shall be cleaned and decontaminated with a disinfectant immediately or as soon as feasible when:
    - Surfaces become contaminated
    - There is a spill of blood or OPIM
    - Procedures are completed; and
    - At the end of the work shifts if the surface may have become contaminated since the last cleaning.

Equipment, Vehicle and Fire Station Decontamination

- Disposable gloves, goggles and/or safety glasses shall be worn when washing or handling contaminated equipment, clothing or materials.
- As soon as possible, either at the receiving hospital or, at minimum, immediately upon return to quarters, wash exposed portions of the apparatus (including passenger spaces and seats when contaminated with contaminated clothing or turnout gear), and all equipment after contamination with blood or other potentially infectious material.
    - After removal of gross contamination with soap and water, use an EPA approved germicidal solution or a 1:10 bleach solution (1/4 cup to 1 hot gallon of water), rinse, and allow to air dry.
    - An approved germicidal solution must be carried on all apparatus to facilitate expedient cleanup.
- Bleach solution must be prepared every 24 hours to maintain potency.
- Delicate electronic equipment such as monitor/defibrillators, AutoPulse devices, radios, suction equipment, etc. are to be cleaned and decontaminated following the manufacturers recommendation and never immersed in water.
- All equipment being disinfected shall be cleaned in designated areas only (such as apparatus floor deep sinks) and where the waste water can enter the sewer system.
- Do not allow contaminated spray and water runoff from cleaning equipment to enter the storm drain system.
- Communicable disease designated brushes, buckets and cleaning material are to be used for communicable disease cleaning only.

- Porous surfaces such as nylon bags, etc., should be scrubbed with detergent and hot water, laundered and allowed to air dry.

Uniform / Clothing Decontamination

- Disposable gloves shall be used when coming into contact with contaminated laundry.
- Contaminated work uniforms, under garments, and EMS jackets should be removed as soon as reasonably possible after exposure to a contaminated substance. Contaminated clothing shall be placed and transported in yellow "Contaminated" plastic bags and labeled on the outside as described below. These articles of clothing can be washed in either standard or extractor-type washing machines.
- Contaminated turnout gear should be double-bagged in yellow "Contaminated plastic bags and labeled on the outside as described below. Structural PPE shall be washed in extractor-type machines only. Front-loading, washer / extractors are located at Fire Stations 1, 2, 3, 4, 5, 6, 7, and 8.
    - Turnouts must be laundered according to the manufacturer's recommendation and allowed to completely air dry.
- "Contamination" bags must be labeled on the outside in accordance with Cal-OSHA regulations.
    - Name of person
    - Contaminated" – including source (blood, vomit, feces, etc.)
    - Number, type of articles of clothing
- Contaminated laundry shall be placed in the appropriate washing machine with laundry detergent and disinfectant. Hot water must be used to help destroy bacteria. Once the laundry has been done, a second cycle, with no laundry, should be run using a 1:10 bleach solution. <u>All of this must be accomplished before other laundry can be put in the machine.</u>
- Non-textile items (boots, leather items, etc.) should be brushed/scrubbed with a mild soap and hot water to remove contaminants.

HOUSEKEEPING

Maintaining equipment in a clean and sanitary condition is an important part of the Exposure Control Program. Chula Vista Fire Department practices the following:

- The worksite is maintained in a clean and sanitary condition
- Workout / gym equipment and weights should be wiped down and sanitized between users. Germicidal equipment wipes shall be provided in these areas.
- All contaminated equipment and work surfaces shall be cleaned and decontaminated immediately (or as soon as feasible) after suspected contact with blood or OPIM's.

- Designated yellow brushes, yellow buckets and cleaning material are to be used for Communicable Disease cleaning only.
- At the start, and throughout each shift, all protective coverings (such as linens, trashcan liners, etc.) shall be removed and replaced should they appear to be contaminated with blood or OPIM.
- At the start and throughout each shift, all trash containers, pails, bins, and other receptacles intended for routine use shall be inspected, cleaned and decontaminated when found to be contaminated with blood or OPIM.
- The use of red plastic bio-hazard bags shall not to be used for routine trash container liners.

Scheduled Cleaning

- In addition to cleaning apparatus when contaminated, all apparatus shall be disinfected on their designated days each week. Special attention shall be paid to frequently used equipment, and cabs (e.g. handles, seats, steering wheel, clipboard, ect.).

INFORMATION AND TRAINING

The Deputy Chief of Operations, and EMS Chief shall ensure that training is provided to all employees whose occupation put them at risk for exposure to communicable disease, at the time of their initial employment and annually thereafter. Additional training will also be provided when changes such as introduction of new engineering, administrative or work place practice controls, modification of or new tasks affect the employee's occupational exposure or control measures.

Training shall be appropriate in content and vocabulary to the educational level of the employees and be offered by an individual who is knowledgeable in the subject matter; and shall provide an opportunity for interactive questions and answers. Training not given in person will provide a mechanism to answer questions within 24 hours of obtaining the information. Additionally, all employees changing jobs or job functions will be given additional training as required by their new assignment. The training shall be offered during working hours at no cost to the employee.

Training Program

The topics covered in the training program will include, but are not limited to the following:

- The Cal/OSHA Standard on Occupational Exposure to Bloodborne Pathogens and Aerosol Transmissible Disease with an explanation of the content.
    - A copy of the OSHA regulatory standards will be available at the training session.
- A general explanation of the epidemiology, signs and symptoms of communicable diseases.
- The modes of transmission of communicable diseases.

- An explanation of the Exposure Control Plan and the means by which employees can obtain a copy.
    - Annual updates will include changes and/or modifications to the exposure control plan.
- The appropriate methods of recognizing tasks and other activities that may involve exposure risks to blood, OPIM's and aerosol transmissible diseases.
- Use and limitations of methods to prevent and reduce exposure, including standard precautions, engineering controls, work practice controls, and personal protective equipment.
    - Information on the selection and use of PPE including: types available, review of latex/allergy sensitivity issues, proper use, location within the facility, removal, handling, decontamination and disposal
- Appropriate clean up and/or disposal of contaminated materials.
- Explanation of visual warnings of biohazards within the department, including labels, signs and color- coded containers.
- Hepatitis B vaccination and other vaccinations, information including information on its efficacy, safety, methods of administration, the benefits of being vaccinated and that vaccination is being offered free of charge.
- Information on the TB testing including efficacy, safety, method of administration, benefits, and that TB testing will be offered free of charge.
- Post-exposure management, including:
    - Actions to take and persons to contact in an emergency involving blood, OPIM's or aerosol transmissible diseases.
    - Procedures to follow in the event an occupational exposure, including incident reporting.
    - Information on the post-exposure medical evaluation and follow-up counseling the department provides to exposed employees.
- Review of department annual exposure data.
- Information on the CVFD's surge plan as it pertains to the duties that employees will perform. This training will include patient isolation procedures, access to supplies needed for the response including personal protective equipment and N95 / P100 masks, decontamination procedures, and coordination with other agencies.

EMPLOYMENT TESTING AND VACCINATIONS

General
CVFD shall make available all recommend vaccines and vaccination series to employees who may have or have had occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The Designated Infection Control Officer and Human Resources shall ensure that all medical evaluations and procedures including vaccines and vaccination series and post-exposure follow-up, including prophylaxis, are:

- Made available at no cost to the employees.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional; and
- Provided according to the recommendations of the U. S. Public Health Service.

Refusal for Required Baseline Testing / Vaccinations
Personnel are not required to receive mandated "Baseline Testing" and subsequent "Pre-Exposure Vaccinations;" however, it is mandatory that if a person refuses such "Testing" and "Vaccinations," they must sign a "Declination of Recommended Testing/Vaccination" form. (See Appendix.) At any time, personnel may elect to receive the refused "Testing" or "Vaccinations" and it will be made available to them at no cost.

The most current declination form on file will supersede any previously dated forms.

Hepatitis B Vaccination
It is recognized that even with adequate adherence to the proper exposure prevention practices, accidental exposures may occur. In order to provide the greatest possible protection from HBV infection to department personnel, vaccinations are available to all department personnel who are at risk for occupational exposure to HBV. All department personnel have received information regarding the HBV vaccination program as part of their bloodborne pathogens training, including discussion of the safety and effectiveness of the vaccine.

The following are the standard operating procedures for the effective management of the HBV vaccination program:

- All medical evaluations and procedures involving the Hepatitis B vaccine and vaccination series shall be:
  - Made available at no cost to the employee.
  - Performed by, or under the supervision of, a licensed physician or other healthcare professional (PLHCP).

    - Provided according to the recommendations of the U.S. Public Health Service.
- Hepatitis B vaccination shall be made available to employees within 10 working days of initial assignment to any job classification with potential exposure to bloodborne pathogens, and after the employee has received the required training regarding occupational exposure and the safety and effectiveness of the vaccine, unless:
    - The employee has previously received the complete Hepatitis B vaccination series,
    - Antibody testing has revealed that the employee is immune, or
    - The vaccine is contraindicated for medical reasons.
- Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccinations.
- If the employee initially declines Hepatitis B vaccination, but at a later date while still employed by CVFD decides to accept, the vaccination shall then be made available at no cost to the employee.
- All employees who decline the Hepatitis B vaccination shall sign the declination statement provided (see appendix).
- Repeat series and routine booster doses of Hepatitis B vaccine shall be made available as recommended by the U.S. Public Health Service and CDC.
- Hepatitis B vaccinations, as well as antibody (immunity level) testing shall be performed in accordance with the U.S. Public Health Service and CDC.
- The Designated Infectious Control Officer shall ensure that all unvaccinated personnel who have rendered assistance or in the course of assigned duties been in any situation involving the presence of blood and other potentially infectious materials (regardless of whether an actual exposure incident occurred) are offered the Hepatitis B vaccination.

Other Vaccinations

The Chula Vista Fire Department will make available to all susceptible employees with occupational exposure all vaccines recommended by the CDPH at no cost and at a reasonable time and place. These vaccines will be made available after the employee receives the training required and within 10 working days of the initial assignment. This includes (See Appendix for details on the criteria for administration):

- Tetanus Toxoid with Diptheria Booster Td: Offered routinely every 10 years. Tetanus Toxoid with Diptheria and Acellular Pertussis (Tdap) booster shall be offered if not previously administered (2 years from previous Td)
- Measles Mumps and Rubella (MMR): Shall be offered if no evidence of immunity
- Hepatitis A vaccine
- Seasonal Influenza vaccine: Offered annually
- Novel or Pandemic Influenza vaccine (Offered when there is an occurrence and recommended by the CPHD

- Varicella: Shall be offered if no evidence of immunity
- Any additional vaccine doses within 120 days of the issuance of new applicable public health guidelines.

Exceptions:

- Employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose; or
- A PLHCP has determined that the employee is immune in accordance with applicable public health guidelines or
- The vaccine(s) is contraindicated for medical reasons
- The vaccine(s) is not available: CVFD shall document efforts made to obtain the vaccine, including when the vaccine is likely to become available
- If the employee initially declines a vaccination, but at a later date, while still employed by CVFD in an at-risk position, decides to accept the vaccination(s), CVFD shall make the vaccination (s) available within 10 working days of receiving a written request from the employee.
- CVFD shall ensure that employees who decline to accept a recommended and offered vaccination sign a declination statement for each declined vaccine.
- If a recommended vaccine is not available, CVFD shall maintain a record of the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of contact. This record shall be retained for three years.

Immunization Record (See Appendix).

- An immunization record detailing the employee's name and identifier, vaccine, administration date, dose, and results of immunity testing when applicable and obtained, shall be made available to all employees who received vaccine(s) provided by CVFD. Additionally, CVFD will provide to employee a vaccination information sheet (VIS) for each vaccination given, and whether additional vaccination dose is required, and if so, the date the additional vaccination dose should be provided.

Tuberculosis (TB)

CVFD will conduct medical surveillance for latent tuberculosis infection. This shall include pre-placement evaluation, administration and interpretation of the tuberculin skin tests and periodic evaluations. These evaluations shall be offered at no cost to employees at the time of employment, annually, following an exposure to active TB and more frequently, if applicable public health guidelines or the local health officer recommends more frequent testing.

Employees with a positive TB skin test or with skin test conversion on repeat testing, or who exhibit signs of TB shall be referred to a PLHCP knowledgeable about TB evaluation.

CVFD shall provide the PLHCP a copy of the Aerosol Transmissible Disease and Tuberculosis Standards, and the employee's TB test records. If the source of the infection has been determined/known, any available diagnostic test results will be provided including drug susceptibility patterns.

- CVFD will request that the PLHCP, with the employees' consent, perform any necessary diagnostic tests and inform the employee about appropriate treatment options.
- CVFD will request that the PLHCP determine if the employee is a TB case or suspected case, and do all the following, if the employee is a case or suspected case:
  - Inform the employee and the local health officer in accordance with Title 17
  - Consult with the local health officer and inform CVFD of any infection control recommendations related to the employee's activity in the workplace
  - Make a recommendation to the employee regarding precautionary removal due to active disease and provide the employee with a written opinion.
- TB conversions shall be recorded in accordance with California Code of Regulations, Title 8, Section 14300 et seq.
- Unless it is determined that the TB test conversion is not occupational, CVFD shall investigate the circumstances of the conversion, and correct any deficiencies found during the investigation.

EXPOSURE

What Is An Exposure/Exposure Incident (OSHA)?

In regards to communicable disease, "exposure" is the condition of being subjected to a fluid or substance capable of transmitting an infectious agent in a manner that may have a harmful effect.

DETERMINATION OF AN EXPOSURE

Bloodborne

Following any suspected exposure to blood or other potentially infectious materials (OPIM), the employee and their company officer shall determine if an exposure has occurred by answering the following questions:

- Is the fluid or substance with which the employee had contact one of the following: Blood, semen, vaginal secretions, any body fluid or matter containing blood (e.g., vomitus or saliva mixed with obvious blood)?
- Did the fluid or substance enter the employee's body through any of the following sites: Needle stick, laceration, open cut or wound, splash or contact with eyes/mouth/nose?

If the answer to Either question is NO
If the answer to either of the above questions is "no" the employee shall receive counseling regarding the risks of exposure and protective/preventative actions.

If the answer to <u>Both</u> questions is YES
If the answer to both of the questions above is "yes," the employee is considered to have a bloodborne exposure and Post exposure management shall be done.

Airborne
Following any suspected exposure to aerosol transmissible disease (ATD), the employee and their company officer shall determine if an exposure has occurred.

An airborne exposure has occurred if all three (3) of the following conditions have been met:

- Exposure to an individual who is suspected of having a reportable ATD or to equipment that is reasonably expected to contain ATP associated with a reportable ATP; AND
- Exposure occurred without the benefit of applicable controls prior to entering contaminated environment (e.g.: personal protective equipment) required by the OSHA and/or ATD standards; AND
- It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation. Considerations:
  - Infectiousness of the exposure source
  - Proximity of the employee to the exposure source
  - Extent to which the employee was protected from the exposure
  - Length of the exposure event

If there is reason to believe that an exposure has occurred, according to the criteria stated above, the following post-exposure and follow-up procedures shall be followed:

POST-EXPOSURE MANAGEMENT

Focus of Post Exposure Management
The following shall be the immediate focus of post-exposure management for employees who have had an infectious disease exposure:

- Ensuring that the employee receives complete medical consultation and treatment (if required) as expeditiously as possible.
- Investigating the circumstances surrounding the exposure incident.

CVFD will ensure all post-exposure medical evaluations, procedures, and treatments are made available at no cost to the employee and are in accordance with the

recommendations of the U.S. California Public Health Services current at the time of the exposure/evaluation. This examination will be performed by or under the supervision of a PLHCP. All laboratory test(s) will be conducted by an accredited laboratory at no cost to the employee. CVFD will maintain records of all exposure incidents. Information regarding each exposure or potential exposure shall be considered confidential and shall only be released to those persons directly involved in the follow-up care of the employee.

These records shall include:

- The date of the exposure
- The disease or pathogen to which the personnel may have been exposed
- The names and any other employee identifiers used in the workplace, of personnel who were had an exposure.
- The route(s) of the exposure and the circumstances under which the exposure occurred
- The result of the source individual's tests. The source individuals test shall be conducted as soon as feasible, and when needed, after consent is obtained.
- The name and job title of the person performing the evaluation.
- The identity of any local health officer and/or PLHCP consulted.
- The date of the evaluation.
- The date of contact and contact information for any other employer who either notified the employer or was notified by the regarding the potential employee exposure.
- PPE in use at the time of the exposure.
- Actions taken as a result of the exposure.
  - Employee decontamination
  - Cleanup
  - Notifications made

It is the responsibility of the health care provider of an exposed employee to report all cases of reportable diseases to local health officer in accordance with Title 17. CVFD will, to the extent that the information is available, advise all employees who may have had contact with the case or suspected case while performing work activities. CVFD will notify employees within a timeframe for the employee to receive effective medical intervention to prevent disease or mitigate the disease course, and will also permit the prompt initiation of an investigation to identify exposed employees.

In no case, shall the notification be longer than 72 hours after the report to the local health officer. The notification shall include the date, time, and nature of the potential exposure, and provide any other information that is necessary for the other employer(s) to evaluate the potential exposure of their employees. In this notification, the identity of the source patient shall not be revealed.

Note: Some potential exposures may necessitate temporarily removing an employee from duty or certain duties during the potential period of communicability. This action will be determined
by a PLHCP.

Confidentiality
CVFD recognizes that a significant portion of the information contained in the reports surrounding exposure management and follow-up must be respected as confidential. The privacy rights of the department employee shall be protected throughout the process. The following individuals shall oversee the post-exposure evaluation and follow-up procedure:

- CVFD Infection Control Designated Officer (DO), Battalion Chief or
- City of Chula Vista Risk Manager

Post Exposure Reporting and Evaluation
Post-exposure shall be initiated according to the following process:

Employee and Supervisor

- Administer first aid. Cleanse wound or irrigate mucous membranes as soon as possible.
- Determine if an exposure has occurred.
- Fire department personnel who, during the course of his/her duties, receives a parenteral (needlestick or cut), mucous membrane (splash to eyes or mouth) exposure to blood or body fluids (oral secretions, feces, etc.) or insect bite (mosquito, tick, ect,) or infestation (scabies, lice, etc.) shall be medically evaluated as soon as possible, but no later than 48 hours.
- Following the determination that an exposure to a communicable disease has occurred, exposed personnel shall:
  - Notify the appropriate on-duty Battalion Chief of the exposure
  - Complete the following
    - <u>Communicable Disease Exposure Report (EMS 150)</u>
      - This form must be filled out and signed by the exposed employee for all exposures to a communicable disease whether for treatment or not.
        - The white copy is given to the hospital or physician who treated the source patient.
        - The yellow copy is forwarded to the Designated Infection Control Officer
        - The pink copy is for the exposed employee. =
    - <u>Sharps Injury Log (EMS 158)</u>
    - If injury occurred due to a sharp

- This form must be filled out for any exposure incident involving a sharp and forwarded to the Designated Infection Control Officer and Risk Management.

- Report of Injury / Illness (HR-206, HR-207, and HR-208)
  - This form must be filled out for all injuries or work-related illness, whether treated or not, vehicular accidents, equipment damage, and possible liabilities. This includes the witness, employee and supervisor report, and is submitted to Risk Management.
- Workers' Compensation Employee Claim Form (DWC-1 Form)
  - The top portion of this form is completed and signed by the injured employee. The supervisor, acting as the employer, completes the bottom section and signs as the employer representative. This form must be completed and signed for all injuries and work-related illness whether treated or not. The employee is then given the pink temporary copy of the form.
- (Optional) Personal Exposure Report through: www.peronline.org

Designated Infection Control Officer (DICO) or Battalion Chief
Upon notification of the exposure, the DICO or on-duty Battalion Chief shall:

- Contact the receiving hospital (where the source patient was transported) or the coroner (if the patient died) (See Appendix for contact list). Give them the patient's name and request that source testing be done for bloodborne and/or airborne exposures:
  - HBV antigen (HbSag)
  - Rapid HCV antibody (available results in 1 hour)
  - Rapid HIV (available results in 1 hour)
  - Syphilis if source is HIV or HCV positive
  - If results of rapid HIV or HCV have not been received in 1 hour, call charge nurse to get information
    - Note: it is not a HIPAA violation to release source patient test results
    - At this time, the employee shall be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a "Source Patient".
- The PLHCP (Occupational Health) shall make contact with the "Source Patient's" Private Medical Doctor (PMD) to determine the patient's HIV, HBV and HCV status or ensure testing is done.

- Ensure a medical evaluation of exposed employee is conducted by a PLHCP knowledgeable about a specific disease, including baseline testing, vaccination, prophylaxis, and treatment. In most cases, employees will utilize the Occupational Health Services at Sharp-Rees-Stealy Clinic during normal business hours, and the emergency department physician at Sharp CV Hospital (after hours, weekends, and holidays) for the initial evaluation. When appropriate, additional referrals to specialty physicians will be made.
    - **At minimum, the exposed employee shall receive the following post-exposure testing:**
        - For bloodborne exposure: baseline testing HIV, HBV, and HCV
        - For cases of suspected Tuberculosis (TB) exposure: Post exposure TB skin test. A chest x-ray screening within one week, if the skin test converts from negative to positive.
- Ensure the PLHCP who provides care to an exposed employee has the following information
    - Copies/access of all applicable standards and guidelines
    - Description of the exposed employee's duties as they relate to the exposure incident
    - Circumstances under which the exposure incident occurred
    - Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee
    - All of employer's medical records for the employee that are relevant to the management of the employee, including vaccination status, determination of immunity, tuberculin skin test results, and relevant tests for bloodborne pathogens and ATP infections
- Obtain from the PLHCP, if a recommendation regarding precautionary temporary removal from regular assignment is necessary to prevent the spread of a disease agent by the employee. Request that the PLHCP convey to the Designated Infection Control Officer and/or Battalion Chief any recommendation for precautionary removal immediately via phone and document the recommendation in a written opinion. A copy of this opinion shall be provided to the employee within 15 working days of the completion of all medical evaluations.
- Ensure an analysis of the exposure scenario is done to determine if other employees had significant exposure.
    - Within a timeframe that is reasonable for the specific disease, but in no later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.
    - This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to bloodborne pathogens, ATPs and other communicable diseases, and shall record the names and any other employee identifier in the workplace of persons included in this analysis.

- The analysis shall also record the basis for any determination that an employee did not have significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines.
- The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of a PLHCP or local health officer consulted in making the determination shall be recorded.

- If the PLHCP determines that no exposure has occurred, ensure the employee receive counseling regarding the risks of exposure and protective/preventative actions.

Post Exposure Follow-up

- Following the completion of the preliminary steps, the exposed employee shall be provided with the following:
  - Written documentation of the potentially infectious material constituting the exposure.
  - Identification of the Source Patient. (Unless unavailable or prohibited by law).
  - Counseling regarding the likelihood of transmission, limitations of HIV testing, and the need for follow-up testing and procedures to be followed regardless of the HIV/HBV/HCV status of the Source Patient.
    - Source patients who are positive for HIV or status cannot be determined: Employees whose baseline test is negative for HIV on the initial test after exposure will be retested at 6 weeks, 12 weeks, 6 months and 12 months following the exposure to determine whether transmission has occurred.
    - Source patients who test negative for HIV may be in the "window period" of seroconversion. Employees exposed to these patients will receive follow-up care and testing for a period of 6 months.
- All employees who have been exposed to HIV shall be offered post exposure antiviral treatment as recommended by the U.S. Public Health Service. The exposed employee shall be made aware of the likelihood of transmission, the effectiveness and limitations of the prophylaxis treatment, and the safety and side effects of the drugs to be given. In instances where the source patient cannot be identified or tested, decisions regarding post exposure treatment should be based on the exposure risk and whether the source is likely to be a person who is HIV positive.
- Any employee with possible exposure to HIV will be advised of the U.S. Public Health Service recommendations for preventing transmission of HIV during this follow-up period.
- Any employee who has not previously received the hepatitis B vaccine and is exposed to a source patient found to be positive for HBV, shall be advised to receive the vaccination series and a single dose of hepatitis B immune globulin.
- Employees who have previously received the hepatitis B vaccine and are exposed to a source patient found positive for HBV, shall be tested for HBV immunity and given

one booster dose of vaccine and one dose of hepatitis B immune globulin if antibody levels are inadequate.

Sharps Injury Log

The CVFD shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within fourteen (14) working days of the date the incident is reported to the employer. The information recorded shall be maintained for 5 years and include the following information, if known or reasonably available:

- Name and rank of the exposed employee
- Date and time of the exposure incident
- Type and brand of sharp involved in the exposure incident
- Work area where the exposure incident occurred
- Procedure that the exposed employee was performing at the time of the incident
- How the incident occurred
- Body part involved in the exposure incident
- If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before, during or after the protective mechanism was activated
- If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury
- The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury
- Information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured or exposed employee.
- The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

RECORD KEEPING

Confidentiality Standards

- The DICO will maintain confidentiality at all times regarding information of an exposed employee and/or the source patient.
- Health and Safety Code Section 120975 Protects the privacy of individuals who are the subject of blood testing for antibodies to the probable causative agent of

Acquired Immune Deficiency Syndrome (AIDS). A person who negligently discloses results of an HIV test to a third party that identifies or provides identifying characteristics of the person to whom the test results apply, shall be assessed a civil penalty plus court costs.

- The Ryan White Care Act provides for information sharing with the Employers designated Infection Control Officer. The DO and the exposed employee will have the right to information regarding the source patient lab results.

- The exposed employee will be given results of the baseline blood work directly to the employee.
- Crews involved with an exposure should not discuss the characteristics of the source patient to outside parties as it could put them at risk of divulging confidential source patient information.
- The exposed employee should limit discussion on his or her own lab results and plan of care.

Medical Record Keeping

CVFD or their designated employee/occupational health provider shall maintain a record for each employee with an occupational exposure. This record shall be kept confidential and not disclosed without the employee's express written consent to any person within or outside the workplace except as required by regulations and statutes. CVFD shall maintain these records for at least the duration employment plus 30 years. This record shall include:

- The name and employee number
- A record of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations, Hepatitis B antibody titer results, and any medical records relative to the employee's ability to receive the vaccine
- A record of TB skin test shall include the date of the test, results of the test in millimeters of induration and interpretation of the result.
- A record of any other vaccinations/immunity testing provided by CVFD and any signed declination forms
- A copy of all results of examinations, medical testing, the PLHCP written opinion and follow-up procedures following an exposure.
- Any copies of medical records must be provided free of charge

Exposure logs, to include the sharps injury information, shall be maintained 5 years from the date the exposure incident occurred.

Records of the respiratory protection program shall be established and maintained for 2 years.

Training Recordkeeping

Documentation of training records shall be maintained on both hard copy forms and the department computer system training records. The Deputy Chief of Operations and Training Captain shall be responsible for ensuring that current and up-to-date records are maintained for three years. The training records shall be maintained for 3 years and contain the following information:

- Training session dates.
- Contents or summary of the material presented.
- The names and qualifications of persons conducting the training or who is designated to respond to interactive questions.
- The names and job titles of employees attending the training sessions.

All training records are available for examination and copying to all employees, or to their designated representative. Additionally, all employee records shall be made available to representatives of Cal/OSHA upon request.

Availability and Transfer of Records

CVFD will comply with requirements involving transfer of employee medical and exposure records.

Employee medical records, as it pertains to exposures, immunizations and TB testing shall be provided upon request of the employee or anyone having a written consent from the employee, the local health officer, and to the Chief of OSHA and NIOSH for examination.

If CVFD ceases to do business and there is no successor employer to receive and retain the records for the prescribed periods of time listed in this document, CVFD shall notify DOSH and NIOSH, at least 3 months prior to disposal of records and shall transmit them to NIOSH, if required by NIOSH to do so, within that three-month period.

APPENDICIES

A. Infection Control Compliance Monitoring

B. Respiratory Clearance Questionnaire

C. Vaccination Questionnaire

D. Recommended Vaccinations

E. Vaccination Declination Forms

F. Consent for testing for HIV, HBV and/or HCV

G. Authorization for Disclosure of Results

H. Sharps Injury Log

I. Communicable Disease Exposure and Notification Report

J. Annual Plan Evaluation

K. Reportable Diseases

L. Telephone Contact List

M. Surge Plan

N. Summary of Legal References and OSHA Standards and Regulations

O. Complete text of OSHA Standards

CHULA VISTA FIRE DEPARTMENT
INFECTION CONTROL COMPLIANCE MONITORING

Introduction

In compliance with OSHA regulations, CVFD has implemented a comprehensive infection control program. The responsibility for formulating and implementing the infection control plan rests with the Designated Infection Control Officer. **The responsibility to follow the plan rests with the individual employee. Employees must comply with the policies and procedures intended to abate exposure to infectious or communicable diseases.** CVFD is obligated to institute an ongoing compliance and monitoring process in attempt to ensure that employees are complying with the established infection control practices and procedures. The intent of compliance monitoring program is to:

- Ensure optimal protection from communicable/infectious diseases for patients and employees
- Verify the program is accomplishing the goals and objectives established
- Ensure compliance with all applicable laws, standards, guidelines, and SOGs
- Identify education and training needs
- Identify a need to modify
  - Policies and Procedures: Department and County-Wide
  - Equipment and supply selection
- Provide protection from liability

Process

Compliance monitoring is the responsibility of each employee. The Designated Infection Control Officer (DO) and on-duty Battalion Chief(s) will evaluate compliance after each reported potential communicable disease exposure. An in-station and on-scene evaluation form is to be completed biannually for each company on each shift. The company officer or designee will complete the forms and forward to the EMS Chief no later than the 15th of July and January.

Exposure Control Plan

Compliance Monitoring: In-Station

Date: _____ Station: _____ Unit: _____ Evaluator: _____

TASK/PROCEDURE	YES	NO	COMMENTS
Gloves Available All Sizes	❑	❑	
Goggles Available (for each position)	❑	❑	
N95 Mask Available (2/person, & 20 on apparatus, 20 in station)	❑	❑	
P100 Mask Available (5 on apparatus)	❑	❑	
Hand washing solutions are available	❑	❑	
Waterless hand wash solution/wipes available	❑	❑	
Sharps Container: Available Less than 2/3 filled Kept Upright	 ❑ ❑ ❑	 ❑ ❑ ❑	
Station is clean	❑	❑	
All medical equip. is clean (monitors, AutoPulse, BP cuffs, suction units, backboards, etc.)	❑	❑	
Exercise equipment is wiped and sanitized between users	❑	❑	
Soiled uniforms and turnouts kept out of living, food service and office area	❑	❑	

Action / Follow-up:

Exposure Control Plan

Compliance Monitoring: During Incidents

Date: _____ Station: _____ Unit: _____ Evaluator: _____

TASK/PROCEDURE	YES	NO	N/A	COMMENTS
<u>Appropriate PPE worn</u> • Gloves • Goggles • N95 / P100 Mask • Turnouts/gown for splash protection	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑	
Hand washing observed prior and after patient contact	❑	❑		
Waterless hand wash solution/wipes available	❑	❑		
Sharp container readily available and used immediately for disposal of sharps	❑	❑	❑	
All needles, debris, and waste removed from scene	❑	❑		
All contaminated equipment and vehicle areas cleaned immediately after call	❑	❑		

Action / Follow-up:

APPENDIX B
RESPIRATORY QUESTIONAIRRE

CHULA VISTA FIRE DEPARTMENT
RESPIRATOR FIT TESTING

Name: _____ Date: _____

IV. RESPIRATOR CLEARANCE QUESTIONS

The questions in this section are mandated by Cal-OSHA regulation for employees who may use a respirator at work. Please answer all of these questions.

1. **Check the types(s) of respirators that you will be expected to use regularly.** (CHECK ALL THAT APPLY)

☐ N-95 or disposable ☐ Half face piece (APR) ☐ Full face piece (APR)

☐ Powered air purifying (PAPR) ☐ Self-contained breathing apparatus (SCBA)

☐ Supplied air (SAR) ☐ Other → _____

2. **Have you ever had any of the following problems while wearing a respirator?**

a.	Difficulty breathing	☐ No ☐ Yes
b.	Chest pain	☐ No ☐ Yes
c.	Irregular or unusually rapid heart rate	☐ No ☐ Yes
d.	Claustrophobia	☐ No ☐ Yes
e.	Eye irritation	☐ No ☐ Yes
f.	Skin allergies or rashes	☐ No ☐ Yes
g.	Anxiety	☐ No ☐ Yes
h.	General weakness or fatigue	☐ No ☐ Yes
i.	Any other problem that interferes with your use of a respirator ↓	☐ No ☐ Yes

DESCRIBE PROBLEM: _____

3. **Have you ever had any of the following conditions?**

a.	Seizures (fits)	☐ No ☐ Yes
b.	Diabetes (sugar disease)	☐ No ☐ Yes
c.	Allergic reactions that interfere with your breathing	☐ No ☐ Yes
d.	Claustrophobia (fear of closed-in places)	☐ No ☐ Yes
e.	Trouble smelling odors	☐ No ☐ Yes

4. **Have you ever had any of the following pulmonary or lung problems?**

a.	Asbestosis	☐ No ☐ Yes
b.	Asthma	☐ No ☐ Yes
c.	Chronic bronchitis	☐ No ☐ Yes
d.	Emphysema	☐ No ☐ Yes
e.	Pneumonia	☐ No ☐ Yes
f.	Tuberculosis	☐ No ☐ Yes
g.	Silicosis	☐ No ☐ Yes
h.	Pneumothorax (collapsed lung)	☐ No ☐ Yes
i.	Lung cancer	☐ No ☐ Yes
j.	Broken ribs	☐ No ☐ Yes
k.	Any chest injuries or surgeries	☐ No ☐ Yes
l.	Any other lung problem that you've been told about	☐ No ☐ Yes

l. Any other lung problem that you've been told about ☐ No ☐ Yes

5. **Do you currently have any of the following symptoms of pulmonary or lung illness?**

a.	Shortness of breath	☐ No ☐ Yes
b.	Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐ No ☐ Yes
c.	Shortness of breath when walking with other people at an ordinary pace on level ground	☐ No ☐ Yes
d.	Have to stop for breath when walking at your own pace on level ground	☐ No ☐ Yes
e.	Shortness of breath when washing or dressing yourself	☐ No ☐ Yes
f.	Shortness of breath that interferes with your job	☐ No ☐ Yes
g.	Coughing that produces phlegm (thick sputum)	☐ No ☐ Yes
h.	Coughing that wakes you early in the morning	☐ No ☐ Yes
i.	Coughing that occurs mostly when you are lying down	☐ No ☐ Yes
j.	Coughing up blood in the last month	☐ No ☐ Yes
k.	Wheezing	☐ No ☐ Yes
l.	Wheezing that interferes with your job	☐ No ☐ Yes
m.	Chest pain when you breathe deeply	☐ No ☐ Yes
n.	Any other symptoms that you think may be related to lung problems	☐ No ☐ Yes

6. **Have you ever had any of the following cardiovascular or heart problems?**

a.	Heart attack	☐ No ☐ Yes
b.	Stroke	☐ No ☐ Yes
c.	Angina	☐ No ☐ Yes
d.	Heart failure	☐ No ☐ Yes
e.	Swelling in your legs or feet (not caused by walking)	☐ No ☐ Yes
f.	Heart arrhythmia (heart beating irregularly)	☐ No ☐ Yes
g.	High blood pressure	☐ No ☐ Yes
h.	Heart murmur	☐ No ☐ Yes
i.	Any other heart problem that you've been told about	☐ No ☐ Yes

7. **Have you ever had any of the following cardiovascular or heart symptoms?**

a.	Frequent pain or tightness in your chest	☐ No ☐ Yes
b.	Pain or tightness in your chest during physical activity	☐ No ☐ Yes
c.	Pain or tightness in your chest that interferes with your job	☐ No ☐ Yes
d.	In the past two years, have you noticed your heart skipping or missing a beat	☐ No ☐ Yes
e.	Heartburn or indigestion that is not related to eating	☐ No ☐ Yes
f.	Any other symptoms that you think may be related to heart or circulation problems	☐ No ☐ Yes

8. **Do you currently take medication for any of the following problems?**

a.	Breathing or lung problems	☐ No ☐ Yes
b.	Heart trouble	☐ No ☐ Yes
c.	Blood pressure	☐ No ☐ Yes
d.	Seizures (fits)	☐ No ☐ Yes

Signature: _____

Exposure Control Plan

Vaccination Questionnaire

APPENDIX C
IMMUNIZATION RECORD

Name: _____ Date of Birth: _____/_____/_____ Date: _____

Immunization	Yes	No	Unknown	Date	Will Accept Vaccination If Needed?
Hepatitis B Vaccination					Yes ❑ No ❑
Tetanus vaccine in the last 10 years					
Td (Tetanus, diphtheria)					Yes ❑ No ❑
Tdap (Tetanus, diphtheria and pertussis)					Yes ❑ No ❑
Measles/Mumps/Rubella (MMR) Vaccination					Yes ❑ No ❑
Had Measles					
Had Mump					
Had Rubella					
Chickenpox (Varicella) Vaccination					Yes ❑ No ❑
Had Chickenpox					

For any unknown vaccination dates, the department will be offering to draw blood for a titer and will offer the vaccine.
A declination form may be signed if you do not want the vaccination (at the time it is offered).

Summary of Recommendations for Adult Immunization

Vaccine Name and Rout	Recommendation	Schedule for Administration	Contraindications and Precautions Note: mild illness not a contraindication
Influenza Trivalent inactivated influenza vaccine TIV: **Give IM** Live attenuated influenz vaccine: LAIV: Intranasally Not offered	• All persons who want to reduce the likelihood of becoming ill or spreading the flu to others • Persons age 50 and older (TIV only) • Persons with medical problems (e.g. heart or lung disease, renal, hepatic, hematological, or metabolic disorder (Including diabetes), immunosuppression, (TIV only) • Persons with conditions that compromises resp. function (TIV only) • Persons living in chronic care facilities (TIV only) • Persons who work or live with high-risk persons • Women who will be pregnant during influenza season.(If currently pregnant-TIV only) • All healthcare personnel • Household contacts and caregivers of children • Travelers at risk for complications of influenza who travel to regions where influenza activity exists or come in contact from individuals from these regions (TIV only) • Students or other persons in institutional settings (e.g. dorms, correctional facilities)	• Give one dose every year in the fall or winter as soon as the vaccine is available • If also administering MMR or Varicella, should be given on the same day. If not, space them at least 28 days	**Contraindications** • Previous anaphylactic reaction to vaccine or any of its components, or to eggs • For LAIV only: age 50 years or older, pregnancy, asthma, reactive airway disease or other chronic disorder of the pulmonary or cardiovascular systems, an underlying medical condition including metabolic diseases such as diabetes, renal dysfunction, blood disorders, immune disorders **Precautions** • Moderate to severe illness • History of Guillain-Barr´e syndrome within 6 weeks of previous influenza vaccination
Hepatitis B **Give IM** Brands may be used interchangeably	• All persons through age 18 yrs • All adults wishing to be protected from hepatitis B virus infection • High-risk persons, including household contacts and sex partners of HBsAG-positive persons; injecting drug users; sexually active persons not in a long-term mutually monogamous relationship; men having sex with men; persons seeking evaluation or treatment fro STDs; dialysis patients; healthcare workers; public safety workers exposed to blood; clients and staff of institutions for developmentally disabled; inmates of correctional institutes; certain international travelers • Persons with chronic liver disease • Pot vaccination testing for immunity should be performed for healthcare workers 1-2 months after completion of the vaccine series	• Give 3 does on a 0, 1 and 6 month schedule • There must be at least 4 weeks between doses #1 and #2, and at least 8 weeks between doses #2 and #3. Overall, there must be 16 weeks between doses #1 and #3 • If series is delayed, do not start over. Continue from where you left off. For Twinrix (hepatitis A and B combination for ages > 18yrs., give 3 doses, same criteria	**Contraindications** • Previous anaphylactic reaction to vaccine or any of its components **Precautions** • Moderate to severe illness

Vaccine Name and Rout	Recommendation	Schedule for Administration	Contraindications and Precautions
Hepatitis A **Give IM** Brands may be used interchangeably	• All persons wishing to be protected from HAV infection • Persons who travel anywhere EXCEPT US, Western Europe, New Zealand, Australia, Canada, and Japan • Persons with chronic liver disease; injecting and non-drug users; men having sex with men; people who receive clotting-factor concentrates; persons who work with HAV in labs; food handlers • Unvaccinated adults age 40 yrs or younger with recent (within 2 weeks) exposure to HAV, immune globulin preferred over HepA vaccine	• Give 2 doses • The minimum interval between doses #1 and #2 is 6 months • If dose #2 is delayed, do not repeat dose #1, just give dose #2 • For Twinrix (hepatitis A and B combination for ages > 18yrs., Give 3 does on a 0, 1 and 6 month schedule o There must be at least 4weeks between doses #1 and #2, and at least 8 weeks between doses #2 and #3. Overall, there must be 16 weeks between doses #1 and #3 o If series is delayed, do not start over. Continue from where you left off.	**Contraindications** • Previous anaphylactic reaction to vaccine or any of its components **Precautions** • Moderate to severe illness • Safety during pregnancy has not been determined, so benefits must be weighed against potential risk
Td, Tdap (Tetanus, Diptheria, Pertussis) **Give IM**	• All adults who lack documentation of a primary series consisting of at least 3 doses of tetanus and diphtheria vaccine • A booster dose of tetanus and diphtheria Toxoid vaccine may be needed for wound management as early as 5 yrs after receiving a previous dose • Using tetanus toxoid instead of Td of Tdap is **not** recommended **For Tdap only:** • All adults younger than age 65 yrs who have not previously received Tdap • Adults in contact with infants younger than age 12 months who have not received a dose of Tdap • Healthcare personnel who have not received Tdap	• For persons who are unvaccinated or behind, complete the primary series Td (spaced at 0-2m, 6-12 m intervals). *One time dose of Tdap may be used for any dose if younger than age 65 yrs.* • Give Td booster every 10yrs after primary series has been completed. For adults younger than 65 yrs. *A 1-time dose of Tdap is recommended to replace the next Td.* • Intervals of 2 yrs or less between Td and Tdap may be used. Note: The two Tdap products are licensed for different age groups. Adacel for persons age 11-64 and Boostrix for use in persons age 10-18 yrs.	**Contraindications** • Previous anaphylactic reaction to vaccine or any of its components • For Tdap only, history of encephalopathy within 7 days following DTP/Dtap **Precautions** • Moderate to severe acute illness • GBS within 6 wks of receiving previous dose of tetanus toxoid containing vaccine • Unstable neurological condition • History of Arthus reaction following previous dose of tetanus toxoid and/or diphtheria containing vaccine. Note: Use of Td or Tdap is not contraindicated in pregnancy. Either may be given during trimester #2 or #3

Vaccine Name and Route	Recommendation	Schedule for Administration	Contraindications and Precautions
Varicella (Chicken Pox) **Give SQ**	• All adults without evidence of immunity Note: Evidence of immunity is defined as written documentation of 2 doses of varicella vaccine; history of varicella disease or herpes zoster (shingles) based on healthcare provider diagnosis; laboratory evidence of immunity; laboratory confirmation of disease' and/or birth in the U.S. before 1980, with the exception that follows: Healthcare personnel and pregnant women born in the U.S. before 1980 who do not meet any of the criteria above should be tested. If they are not immune, give the first dose of varicella vaccine immediately for HCP or postpartum and before hospital discharge. Give the second dose 4-8 weeks later. Routine post vaccine testing is not recommended	• Give 2 doses Dose #2 is given 4-8 weeks after dose #1 • If second dose is delayed do not repeat dose #1, just give dose #2. • If 2 or more of live virus vaccines are to be given (MMR, intranasal influenza, and varicella), they should be given on the same day. If they are not, space them by at least 28 days May be used as post-exposure prophylaxis if given within 5 days	**Contraindications** • Previous anaphylactic reaction to this vaccine or any of its components • Pregnancy or possibility of pregnancy within 4 weeks • Persons on high dose immunosuppression therapy or who are immuno-compromised because of malignancy an primary or acquired cellular immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4 +T-lymphocyte counts are greater than or equal to 200 cells/uL **Precautions** • Moderate to severe acute illness • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11 months
MMR (Measles, mumps, rubella) **Give SQ**	• Persons born in 1957 or later (especially those born outside the U.S.) should receive at least 1 dose of MMR if there is no serologic proof of immunity or documentation of a dose given on or after first birthday. • Persons in high-risk groups, such as healthcare personnel, students entering college, and international travelers, should receive a total of 2 doses • Persons born before 1957 are usually considered immune, but proof of immunity may be desirable for healthcare workers Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination	• Give 1 or 2 doses • If dose #2 is recommended, give it no sooner than 4 weeks after first dose • If a pregnant woman is found to be rubella susceptible, give 1 dose of MMR postpartum • If 2 or more live vaccines are to be given (intranasal influenza, MMR, varicella), they should be given on the same day. If not, space them by at least 28 days • Within 72 hours of measles exposure, give 1 dose as post-exposure prophylaxis to susceptible adults	**Contraindications** • Previous anaphylactic reaction to this vaccine or any of its components • Pregnancy or possibility of pregnancy within 4 weeks • Severe immunodeficiency **Precaution** • Moderate to severe acute illness • If blood plasma and/or immune globulin were given in the past 11 months • History of thrombocytopenia or thrombocytopenic purpura **Note: If TB skin test and MMR are both needed, but not given same day, delay TB skin test for 4-6 weeks after MMR**

Seasonal Influenza Vaccine Declination Form

The California OSHA Aerosol Transmissible Disease Standard, Section 5199 of Title 8, Chapter 4 subsection (h)(5)(E): mandates that the employer (CVFD) shall ensure that employees who decline to accept recommended vaccinations offered by the employer sign and date the following statement found in Appendix C of the standard: Declination of a vaccine does not constitute a waiver of potential workers compensation benefits.

Appendix C –Vaccination Declination Statement

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time.

☐ Because I have already received this vaccination from another source.

☐ For personal reasons

I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccines, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Print Employee Name: _____

Employee Signature: _____

Date: _____

H1N1 Influenza Vaccine Declination Form

The California OSHA Aerosol Transmissible Disease Standard, Section 5199 of Title 8, Chapter 4 subsection (h)(5)(E): mandates that the employer (CVFD) shall ensure that employees who decline to accept recommended vaccinations offered by the employer sign and date the following statement found in Appendix C of the standard: Declination of a vaccine does not constitute a waiver of potential workers compensation benefits.

Appendix C –Vaccination Declination Statement

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with H1N1 influenza. I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time.

☐ Because I have already received this vaccination from another source.

☐ For personal reasons

I understand that by declining this vaccine, I continue to be at risk of acquiring, a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Print Employee Name: _____

Employee Signature: _____

Date: _____

Hepatitis B Vaccination Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

— However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

☐ Because I have already received this vaccination from another source.

☐ For personal reasons.

If in the future I continue to have occupational exposure to blood and OPIM, and I want to be vaccinated with the Hepatitis vaccine, I can then receive the vaccination series at no charge to me.

_____
Print Name:

_____ _____
Signature: Date:

Vaccination Administration / Declination

Name: _____

Vaccine Administered		Date	Site	Lot #	Adm. By
☐	**TD** (Tetanus, Diptheria)				
☐	**Tdap** (Tetanus, Diptheria, Acellular Pertussis)				
☐	**MMR** (Measles, Mumps, Rubella)	# 1			
		# 2			
☐	**Varicella** (Chicken Pox)				

Important MMR and Varicella Note: Women of childbearing age should be advised not to become pregnant for three months after vaccination and should be informed of the reasons for this precaution.

☐	**Hepatitis A**	# 1			
		# 2			
☐	**Other**				

TO BE COMPLETED BY THE EMPLOYEE:

☐ I have received and understand the information provided in the Vaccine Information Sheet from the Centers for Disease Control, for the above-referenced vaccination(s). I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine and ask that the vaccine checked above be given to me.

_____

Employee Signature Date

VACCINATION DECLINATION STATEMENT

(TO BE COMPLETED BY THE EMPLOYEE)

☐ I decline the vaccine immunization checked above.

I understand that due to my occupational exposure to aerosol/blood borne transmissible diseases, I may be at risk of acquiring infection with the disease(s) indicated by the check mark(s) above. I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the disease(s) checked, a serious disease(s). If in the future I continue to have occupational exposure to aerosol/blood borne transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

_____ _____

Employee Signature Date

APPENDIX F
CONSENT FOR TESTING FOR
HIV, HBV AND/OR HCV

CHULA VISTA FIRE DEPARTMENT

CONSENT FOR TESTING BLOOD TO DETECT ANTIBODIES TO THE HUMAN IMMUNODEFICIENCY VIRUS (HIV), HEPATITIS B VIRUS (HBV) AND HEPATITIS C VIRUS (HCV)

I have been informed that my blood will be tested for antibodies to the Human Immunodeficiency virus (HIV), the probable causative agent of AIDS. I have been informed about the limitations and implications of the test. I have had a chance to ask questions which were answered to my satisfaction. I understand that the test's accuracy and reliability are not 100 percent certain. Also, I have been informed my blood will be tested for antibodies to the Hepatitis B virus to determine my immune status to HBV and HCV.

I have been informed that the tests are performed by withdrawing blood from my arm and testing that blood specimen.

By my signature below, I acknowledge that I have been given information concerning the benefits and risks, and I consent that my blood be tested for antibodies for the Human Immunodeficiency Virus (HIV), the Hepatitis B virus (HBV) and the Hepatitis C virus (HCV).

Date:___________________, 20 ____

_________________________________ _________________________________
Signature Printed Name

= =

DECLINATION OF TESTING

( ) Decline HIV testing (Confidential).
( ) Decline HBV testing.
( ) Decline HCV testing.
( ) Accept HBV and HCV testing, but decline HIV testing (Confidential).

Date:___________________, 20 ____

_________________________________ _________________________________
Signature Printed Name

APPENDIX G
AUTHORIZATION FOR
DISCLOSURE OF RESULTS

CHULA VISTA FIRE DEPARTMENT

AUTHORIZATION FOR DISCLOSURE OF THE RESULTS OF A TEST TO DETECT ANTIBODIES TO THE HUMAN IMMUNODEFICIENCY VIRUS

A. This authorization for use or disclosure of the results of a blood test to detect antibodies to the Human Immunodeficiency Virus (HIV) is being requested of you to comply with the terms of the Confidentiality of Medical Information Act, Civil Code Section 56 et seq. and Health and Safety Code Section 199.21 (g).

B. AUTHORIZATION:

I hereby authorize

_____

(Name of Physician or Health Care Provider)

To furnish to _____

(Name/Title of Person Who is to Receive the Results)

the results of blood tests to detect antibodies to the HIV.

C. DURATION:

This authorization shall become effective immediately and shall remain in effect indefinitely unless a date for termination of authorization is listed here:

Date: _____, 19 ____

D. RESTRICTIONS:

I understand that the person receiving the result may not further disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

E. ADDITIONAL COPY:

I further understand that I have a right to receive a copy of this authorization upon my request.

Copy requested and received: _____Yes _____ No _____Initial

Date: _____, 20____

_____ _____

Signature: Printed Name:

CHULA VISTA FIRE DEPARTMENT
Sharps Injury Log
(CCR, Title 8, Section 5193)

Log Must be Completed for each Employee Exposure Incident Involving a Sharp.

Name:_____

Station/Shift:_____

Date filled out:_____ Incident #:_____

Date of injury: ☐☐ / ☐☐ / ☐☐ Time of injury ☐☐ : ☐☐ ☐ AM ☐ PM

Month Day Year

Description of the exposure incident: (how injury occurred)

_____
_____
_____
_____

Job classification:
- ❑ Captain
- ❑ Engineer
- ❑ Firefighter
- ❑ Paramedic/Firefighter
- ❑ Equipment Specialist
- ❑ Mechanic Apprentice
- ❑ EMS Nurse Specialist
- ❑ Other_____

Location of Incident:
- ❑ Field
- ❑ Station
- ❑ Training
- ❑ Hospital
- ❑ Other_____

Procedure performed when exposure occurred:
- ❑ Finger stick for chemstrip
- ❑ IV Start
- ❑ Intramuscular Injection
- ❑ Intraosseous Injection
- ❑ Unknown/not applicable
- ❑ Other_____

Did the exposure incident occur:
- ❑ During use of sharp ❑ Disassembling
- ❑ Between steps of a multi-step procedure
- ❑ After use and before disposal of sharp
- ❑ While placing sharp into disposal container
- ❑ Sharp set on scene (street, table, bed, etc.)
- ❑ Other_____

Body part:
(check all that apply)
- ❑ Finger ❑ Face/head
- ❑ Hand ❑ Torso
- ❑ Arm ❑ Leg
- ❑ Other_____

Identify sharp involved:
(If known)

Type: _____
Brand: _____
Model: _____
e.g. 18g needle/A B C Medical/"no stick" syringe

Did the device being used have engineered sharps injury protection? ❑ Yes ❑ No ❑ Don't know

Was the protective mechanism activated?
❑ yes-fully ❑ yes-partially ❑ no

Exposure incident occur:
❑ Before ❑ During ❑ After activation

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?
❑ Yes ❑ No
Explain:_____
_____
_____

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?
❑ Yes ❑ No
Explain:_____
_____
_____

Forward to the Designated Infection Control Officer

APPENDIX I
COMMUNICABLE DISEASE EXPOSURE AND NOTIFICATION REPORT

CHULA VISTA FIRE DEPARTMENT
Communicable Disease Exposure and Notification Report

Report Must be Completed for Each Employee Exposed

Section 1797.188 of the Health and Safety Code requires local Health Officers after receiving notification from a health facility to notify emergency medical services personnel when they have been exposed to a person with a reportable disease.

Employee's Name: _____ EMT/Paramedic Cert./License #: _____

Business Phone: _____ Station/Shift: _____

Job Classification ❑Captain ❑ Engineer ❑ Firefighter ❑Other: _____

Date of incident: _____ Incident #: _____ EMS Report Seq. #: _____

Patient's Name: _____ Phone #: _____

Hospital Patient Transported to: _____

Physician Caring for Employee: _____

DESCRIPTION OF EXPOSURE

Type of Exposure:
❑ Blood ❑ Feces ❑ Urine ❑ Vomitus ❑ Saliva
❑ Sputum ❑ Aerosol Transmissible Disease ❑ Other: _____

How Were You Exposed:
❑ Needle Stick ❑ Puncture ❑ Splash ❑Coughing ❑ Intubation ❑ During Suctioning
❑ Non-intact Skin ❑Other_____

Specifically, where were you exposed?
❑ Face ❑ Finger ❑ Hands ❑ Arms ❑ Legs ❑ Chest
❑ Abdomen ❑ Eyes ❑ Nose ❑ Mouth Specific area_____

What Personal Protective Equipment was in use at time of exposure?
❑ Gloves ❑ Mask ❑ Goggles ❑ Gown ❑ Other: _____

How did the exposure occur? _____
_____
_____
_____

Exposed Employee Signature: _____

Company Officer Signature: _____

Assistant Chief Signature: _____

Distribution: Original (white): To Hospital or Physician who cared for employee
Yellow and Pink: To Assistant Chief

Chula Vista Fire Department
Annual Communicable Disease Exposure Control Plan Evaluation

Evaluation Date:

List injuries, exposures or near misses attributable to failure of exposure control plan or failure to follow program:

Recommendations for additions to procedures/policies with explanation for each:

Recommendations for deletions of procedures/policies with explanation for each:

Recommendations for modifications to procedures/policies with explanation for each:

Description and date of actual modifications made:

State of California - Health and Human Services Agency

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the juridiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

☎ = Report immediately by telephone (designated by a◆ in regulations).
† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)
FAX ✆ ✉ = Report by FAX, telephone, or mail within one working day of identification (designated by a + in regulations).
= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(i)(1)

- Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")
- FAX ✆ ✉ Amebiasis
- ☎ Anthrax
- ☎ Avian Influenza (human)
- FAX ✆ ✉ Babesiosis
- ☎ Botulism (Infant, Foodborne, Wound)
- ☎ Brucellosis
- FAX ✆ ✉ Campylobacteriosis
- Chancroid
- FAX ✆ ✉ Chickenpox (only hospitalizations and deaths)
- Chlamydial Infections, including Lymphogranulom Venereum (LGV)
- ☎ Cholera
- ☎ Ciguatera Fish Poisoning
- Coccidioidomycosis
- FAX ✆ ✉ Colorado Tick Fever
- FAX ✆ ✉ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- FAX ✆ ✉ Cryptosporidiosis
- Cysticercosis or Taeniasis
- ☎ Dengue
- ☎ Diarrhea of the Newborn, Outbreak
- ☎ Diphtheria
- ☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- Ehrlichiosis
- FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
- † FAX ✆ ✉ Foodborne Disease
- Giardiasis
- Gonococcal Infections
- FAX ✆ ✉ *Haemophilus influenzae* invasive disease (report an incident less than 15 years of age)
- ☎ Hantavirus Infections
- ☎ Hemolytic Uremic Syndrome
- Hepatitis, Viral
- FAX ✆ ✉ Hepatitis A
- Hepatitis B (specify acute case or chronic)
- Hepatitis C (specify acute case or chronic)
- Hepatitis D (Delta)
- Hepatitis, other, acute
- Influenza deaths (report an incident of less than 18 years of age)
- Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX ✆ ✉ Listeriosis
- Lyme Disease
- FAX ✆ ✉ Malaria
- FAX ✆ ✉ Measles (Rubeola)
- FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ Meningococcal Infections
- Mumps
- ☎ Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)
- FAX ✆ ✉ Pertussis (Whooping Cough)
- ☎ Plague, Human or Animal
- FAX ✆ ✉ Poliomyelitis, Paralytic
- FAX ✆ ✉ Psittacosis
- FAX ✆ ✉ Q Fever
- ☎ Rabies, Human or Animal
- FAX ✆ ✉ Relapsing Fever
- Rheumatic Fever, Acute
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
- ☎ Scombroid Fish Poisoning
- ☎ Severe Acute Respiratory Syndrome (SARS)
- ☎ Shiga toxin (detected in feces)
- FAX ✆ ✉ Shigellosis
- ☎ Smallpox (Variola)
- ☎ *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
- FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- FAX ✆ ✉ Syphilis
- Tetanus
- Toxic Shock Syndrome
- Toxoplasmosis
- FAX ✆ ✉ Trichinosis
- FAX ✆ ✉ Tuberculosis
- ☎ Tularemia
- FAX ✆ ✉ Typhoid Fever, Cases and Carriers
- Typhus Fever
- FAX ✆ ✉ *Vibrio* Infections
- ☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
- FAX ✆ ✉ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
- FAX ✆ ✉ West Nile Virus (WNV) Infection
- ☎ Yellow Fever
- FAX ✆ ✉ Yersiniosis
- ☎ **OCCURRENCE of ANY UNUSUAL DISEASE**
- ☎ OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2641.5-2643.20 and http://www.cdph.ca.gov/programs/AIDS/Pages/OAHIVReporting.aspx.

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS § 2800-2812 AND § 2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812
Pesticide-related illness or injury (known or suspected cases)**
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) § 2593)***

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11
** Failure to report is a citable offense and subject to civil penalty ($250) (Health and Safety Code §105200).
*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org.

PM110 (revised 09/01/08)

Telephone Contact List

Hospitals

Paradise Valley Hospital
- Emergency Department (619) 470-4141 (then dial 3)
- Infection Control: (619) 470-4161

Rady Children's Hospital
- Emergency Department: (858) 966-8001
- Infection Control: (858) 966-5968

Scripps Chula Vista Hospital
- Emergency Department: (619) 691-7489
- Infection Control: (619) 691-7489

Sharp Chula Vista Hospital
- Emergency Department: (619) 216-5446
- Infection Control: (619) 502-5343

UCSD Medical Center
- Emergency Department: (619) 543-6401
- Infection Control: (619) 471-9574

Sharp Memorial Hospital
- Emergency Department (858) 939-6204
- Infection Control: Signature: (858) 939-3963

Miscellaneous

American Medical Response.
- A-Shift Supv. (858) 518-9710
- B-Shift Supv.: (858) 518-2398
- C-Shift Supv.: (858) 518-9712

Mercy Air: (800) 272-3456

San Diego / Rural Metro:
- Infection Control: (619) 280-6060 (x304)
- Dispatch: (619) 974-9891

San Diego County Health Officer (619) 515-6620

San Diego County Coroner's Office (858) 694-2895

Surge Communicable Disease Plan

BACKGROUND
International interest in the field of EMS communicable disease was accelerated by the U.S. Anthrax cases in October 2001, concerns about Smallpox and bioterrorism, and by the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak in Toronto.

This surge plan is meant to include all communicable diseases that have the potential to overwhelm the Chula Vista Fire Department EMS system and not just pandemic influenza. Pandemic influenza can be an explosive global event in which most, if not all, populations worldwide are at risk for infection and illness. In contrast, many communicable disease outbreaks (e.g. SARS, Ebola, Smallpox, or West Nile Virus) can cause devastation; these infections are typically limited in their spread to either localized areas or regions, or to at-risk populations. Since these can be localized to specific areas, it is feasible that a communicable disease other than influenza could overwhelm the local EMS system.

During a communicable disease surge, it may be necessary to make painful decisions regarding limited care in the face of increased demand and decreasing resources. These decisions will be difficult but must be made. As in triage at an MCI, the goal of a response to an infectious disease surge must be to maximize the use of available resources and provide reasonable help to the greatest number of people.

It is important that these topics are given consideration now so the Chula Vista Fire Department will be better prepared-not just operationally, but also emotionally should a communicable disease surge or any other natural manmade disaster occurs.

Note: ***This plan is specific for the Fire Department. A more in depth city-wide all risk plan and guidelines can be found in the City of Chula Vista Pandemic Influenza and Infectious Disease response Plan. The Multi-Hazard Plan outlines the City of Chula Vista's preparation and response to a potential pandemic flu threat.***

OBJECTIVE:
A communicable disease outbreak would cause a staffing shortage of employees as well as an increase in pre-hospital run volume for Chula Vista Fire Department (CVFD). The objective of this plan is to mobilize the resources of CVFD during a communicable disease outbreak at an elevated level. This requires a commitment to pre-hospital care beyond normal daily EMS capabilities and operations.
The Administration of CVFD will assemble to determine and facilitate the following during an infectious disease outbreak that affects the delivery of EMS Services:

- Analyze the emergency.
- Determine what CVFD and other department resources are needed for the emergency.

- Prioritize response and resources as necessary.
- Reduce the transmission of the infectious disease illness

LEVELS OF AWARENESS

1: Normal Awareness and Operations:

Human Communicable Disease exists somewhere in the world

- No cases identified in the United States
- Response procedures are normal

2. Heightened Awareness and Operations

Human Communicable Disease cases identified in the United States

- No significant impact on EMS and medical systems
- Response may be altered

3. Extreme Awareness and Operations

Human Communicable Disease has achieved rapid human to human transmission with increased morbidity and mortality.

- Overwhelming impact on EMS and medical systems
- Response procedures are/may be altered

	EMS Level 1	EMS Level 2	EMS Level 3
DISPATCH	Normal	Normal	Modified response to call volume and determinants
RESPONSE	• Review and update internal emergency operations plans • Assess PPE supplies needed • Education on the communicable Illness, how to prevent the spread of the illness • Participate with national, state, and local agencies in surge guidance efforts	• Locate supplemental transport assets • Consider increased use of masks on all patients transported with pandemic symptoms • Order extra supplies of PPE • Educate personnel on the current situation	• Modified response to call volume and determinants • Begin creating adjusted staffing patterns, consider redistribution of resources • Educate staff on the current situation and staffing and procedures changes • Implement guidelines from local EMS Agency
TRIAGE	Normal	Initial assessment for ILI (Influenza Like Illness) or communicable illness occurring at time	• Initial assessment for signs of communicable illness occurring at time with limited First Responders
TREATMENT	Normal	Enhanced awareness and specific treatment measures	Enhanced awareness and specific treatment measures
TRANSPORT	Normal	Normal with early notification of ILI or communicable illness occurring at time to ER	• Follow LEMSA guidelines for patient transport, as available • Private vehicle for stable pts. • Ambulance transport only if required.
DESTINATION	Normal	Normal	May transport to alternate sites set up by the county and hospitals
EQUIPMENT	Normal	Enhanced decontamination efforts with all patients	Limited equipment use and Enhanced decontamination efforts with all patients
DECON	Normal	Enhanced with decontamination supplies and techniques	Enhanced with decontamination supplies and techniques

LEVEL 1

Human Communicable Disease exists somewhere in the world. No cases are reported in the United States.

- Continue with unfinished items in planning and preparations
- Normal responses
- Plan in place, increased awareness and use of PPE
  - Within 6 feet of patient with Influenza Like Illness or the pandemic illness signs and symptoms
  - If patients on a ventilator, nebulizer treatment, BVM

LEVEL 2

Human Communicable Disease cases identified in the United States. No significant impact on EMS and medical systems.

- Dispatch will ask specific questions to determine if the there are pandemic illness symptoms.
    - This will be relayed to the responders on the MDC or print out
- Increased awareness of personal protection guidelines when responding to possible pandemic patients: (Mask, goggles, gloves, gowns, etc.)
- Prepare to manage increased volume of bio-hazard infectious waste.
- Minimize time spent in infectious environment
- Minimize number of people in close contact with patient.
- Increase efforts at personal hygiene and decontamination.
- Decontaminate EMS equipment
- Plan on an increased use of PPE, medical supplies, and other logistical items

LEVEL 3

Human Communicable Disease has achieved rapid human to human transmission with increased morbidity and mortality.

- Direct activation of Surge Plan Standing Orders
- In the case of an infectious disease surge, demand for EMS of all types may reach crisis proportions. In this event, significant adjustments may be necessary in the guidelines covering dispatch, response, treatment and transportation. The Surge Plan provides guidance for the EMS system when and if the crisis point is reached.

The decision to activate the Surge Plan will be made by the Fire Chief. In a public health crisis, the situation may evolve rapidly. Depending on the situation, the Surge Plan in its entirety or any portion, may be activated and adjusted as the crisis warrants.

It is assumed that the Surge Plan will be activated only at the Surge Level 3

DECLARED SURGE PLAN EMERGENCY

COMMUNICATIONS/DISPATCH

San Diego Fire Dispatch will follow their surge plan and guidelines. This may include modifying dispatch protocols and waiving required call-processing time limits. In addition, during waves of the communicable disease outbreak it may be impossible to make an ambulance response for every call, in these cases.

In managing calls for EMS service, call receivers must be alert to signs and symptoms, which indicate the presence of an infectious disease or a potentially infectious condition and relate this to the emergency responders.

EMERGENCY RESPONSE

- When a determination is made that requires reserve units placed in service, the EMS Agency will be notified.
- By decision of the EMS Agency Medical Director routine transport of patients with pandemic signs and symptoms may be suspended because of over-taxed EMS and acute care resources.

RECALL OF OFF-DUTY PERSONNEL

- Personnel may be recalled for replacement of vacancies caused by incident, to place reserve companies in service, or to respond to the scene of an incident.

REDIRECTION OF RESOURCES

In the event of a major emergency, such as a communicable disease surge, the function of Chula Vista Fire Department is to provide personnel resources and transportation to support emergency operations. However, if staffing of resources are reduced due to pandemic conditions certain actions must be into consideration.

- Staffing of reserve or additional companies by crew configuration (2-person EMS assessment teams, etc.)
- When a determination is made that the situation requires the recall of off-duty personnel to handle the increased EMS call volume or reduction in EMS staffing, the Fire Chief in collaboration with American Medical response (AMR), and the county EMS agency may determine that reconfiguration of EMS response and staffing is necessary and can be done (e.g. one EMT and one Paramedic)

SICK LEAVE

It is suggested by each resource and reference at the time of this plan that a stay-at-home sick policy be encouraged during an outbreak. Employees should stay at home during their contagious period, as determined by Public Health authority guidance.

EMERGENCY OPERATIONS

The operations responsibilities under this plan include:

- Provide and manage emergency services.
- The Deputy Chief of Operations will coordinate with the Battalion Chiefs to formulate an emergency medical response plan to best suit the needs of the community and the personnel of Chula Vista Fire Department.

SUPPLIES & VEHICLE MAINTENANCE

Supplies and Vehicle Maintenance responsibilities under this plan include:

Maintaining the following capabilities at all times:

- Prepare reserve apparatus to be placed in service without delay.
- Prepare reserve pick-ups, other available city vehicles to be placed in service.
- Prepare infection control “Home-Packs” for all personnel
- The Facility and Supply Specialist will keep a pre-determined number of N95 masks, P100 masks, eye protection, gowns and gloves in stock for personnel use.
    - Estimates from OSHA:(http://www.osha.gov/Publications/OSHA3327pandemic.pdf) is eight N95 masks per day equaling 960 N95 masks per person for 120 days. (Based on 24 weeks for two pandemic waves and the assumption to be five work days per week and thus 120 work days per employee over the two pandemic waves.
    - Converting the estimates from OSHA to the Fire Department schedule: Based on 24 weeks (168 days), 38 employees working every day requiring N95 masks, and eight masks per person. Daily requirements are:
        - N95 Masks: 304 mask every day for a total of 51,072
        - P100 Masks: 10 masks every day for a total of 1,680
- Provide for personnel to make emergency purchases or obtain emergency supplies and equipment from other sources and vendors. This would be an extension of basic stockpiling of PPE

CONSIDERATIONS WHEN SUPPLY OF PPE CRITICALLY LOW IN SUPPLY

- Re-use of N-95 / P-100 respirator
    - External surface contaminated; handle with gloves followed by hand hygiene
    - Do not re-use if face seal is compromised with perspiration or deformation
- Tight-fitting surgical masks can be used if N95, P100 respirators are no longer available

PUBLIC INFORMATION OFFICER

The Public Information Officer will be responsible for establishing and maintaining media contact to establish rumor control (during the outbreak) by providing timely information, regarding factual current situation, scope of incident, resource management issues.

DESIGNATED INFECTION CONTROL OFFICER

Infection Control Officer Responsibilities' under this plan include:

- Allow for the release of stockpiled personal protective equipment
- Assist and coordinate with local and State Health Officials to provide health and safety measures during pandemic conditions.
- Disseminate information to department and employees regarding health and safety measures as current information is received.
- Enforce all pandemic wellness measures outlined in pandemic wellness plan
- Personnel surveillance when reporting for work
- The EMS Chief will be the liaison between the Chula Vista Fire Department, San Diego County EMS, and the local and State Health Departments to ensure proper prevention and interventions protocols instituted in the case of pandemic conditions.

EMERGENCY MEDICAL SERVICES

Additional responsibilities of the EMS Chief and Line Battalion Chiefs include:

- Ensure additional companies are being placed in service as needed.
- Ensure that all special equipment and supplies are deployed to staging locations
- Ensure that all EMS Support Staff are contacted or recalled. Personnel may be recalled for replacement of vacancies caused by incident, to place reserve units in service, or to respond to the scene of an incident in a supervisory role.
- Determine the need for redirection of Chula Vista Fire Department resources for staffing requirements of EMS assessment teams.
- Ensure preventive medical measures and proper rehab for all personnel involved in a natural or manmade incident. (including vaccination or antimicrobial prophylaxis)
- Ensure Coordination with County Public Health Department in the event of a public health emergency.
- Enforce all pandemic wellness measures outlined in pandemic wellness plan

EMS RESPONSE

During the response, EMS providers must pay close attention to the dispatch information provided for details indicating a possible infectious condition. As with all patients, use of appropriate PPE will be indicated. This may also include premise history or other knowledge of know infectious patients/locations where these patients have been identified.

Every member of the responding crews must be informed, and PPE readied for use. Units may consider staging until the scene is secured and PPE donned. Patient(s) may have been advised by dispatch to move outside to lessen the responding crew's exposure to the infectious environment.

Responding to patients with signs/symptoms of a pandemic illness, limited personnel should be included on the initial assessment. Captains should determine the minimum number of personnel needed to respond to a incident. If required, subsequent personnel may be added.

PATIENT DISPOSITON AND TRANSPORT

Individual patient transport destinations will be determined based on:

- The patient's medical needs and/or infections disease status, suspected or known
- Hospital status (bed availability)
- Availability of transport vehicles
- Alternate care facilities (if indicated by the EMS Agency Medical Control)

During transport, ventilation within the patient compartment will be increased by opening windows and turning on mechanical ventilation.

On arrival at the hospital, PPE will be worn until patient transfer has occurred and the EMS equipment and vehicle have been decontaminated. Decontamination of equipment and all potentially contaminated surfaces will take place using recommended disinfectant. Removal and disposal of contaminated PPE will take place in accordance with Chula Vista Fire Department procedure.

COOPERATION WITH OTHER AGENCIES

Coordination of the San Diego EMS Response

As part of an overall preparedness plan for dealing with periods of excess demand on emergency medical services, San Diego County EMS, EMS Provider Agencies, San Diego County Department of Public Health, and other stakeholders may participate in ongoing conference calls to assist in the development of appropriate coordination and response planning to the pandemic.

Summary of Legal References

The purpose of this appendix is to provide a generalized list of Federal and State Laws that impact communicable disease related concerns for Emergency Medical Services Workers. Because these laws are constantly changing and evolving, only summary information is provided.

This appendix is not intended as an exhaustive list of legal reference to communicable disease, but rather an informative guide for fire department personnel.

California Health and Safety Code

Section 1797.186:

Entitles and employee to prophylactic medical treatment to prevent the onset of disease, provided that the exposed employee demonstrates that he /she was exposed, while on duty to a contagious disease, as listed in Section 2500 of Title 17 of the California Administrative Code**,** while performing first aid or cardiopulmonary resuscitation services to any person.

Section 1797.188

Require county health officers to notify pre-hospital emergency medical care personnel, volunteer or paid, when they have been exposed to a reportable disease, such as HIV, in the course of providing emergency services or rescues. The exposure must be one capable of transmitting the disease. The notification requirement applies only under specified circumstances in which the exposed personnel's names and phone numbers have been provided to the health facility or the chief medical examiner-coroner at the time a patient is transferred, and that information is subsequently relayed to the county health officer.

Section 120975- 121020

Allows for the testing of source patients and provides for confidentiality
Protects the privacy of individuals who are the subject of blood testing for antibodies to human immunodeficiency virus (HIV)
Allows for the disclosure of HIV status to the exposed employee or the department's Designated Infection Control Officer.

Section 121130-121140

Allow individuals who experience a significant exposure (capable of transmitting HIV) to the blood or other potentially infectious material of a patient, during the course of rendering health care-related emergency response, or other occupationally-related services, to request information on the source patient's HIV status. If the source patient is already known to be HIV-infected, the patient's attending physician may disclose this information to the exposed individual. The attending physician must first attempt to obtain the source patient's consent to release this information, but consent is not required.

Section 12160
Allows court-ordered HIV testing of any person charged with interfering with the official duties of a peace officer, firefighter, or emergency medical personnel by biting, scratching, spitting, or transferring blood or other bodily fluids on, upon, or through the skin or membranes of the peace officer, firefighter, or emergency medical personnel. The test result must be reported to the accused, each peace officer, firefighter, or emergency medical personnel named in the petition for the test, their employing entities, and if the accused is in custody, the officer in charge and the chief medical officer of the detention facility.

California Penal Code

Section 1524.1
A court, at the request of the victim, may issue a search warrant for the purpose of testing the accused's blood or oral mucosal transudate saliva with any HIV test, as defined in Section
120775 of the Health and Safety Code when the court finds that there is probable cause to believe that the accused committed the offense, and that there is probable cause to believe that blood, semen, or any other bodily fluid identified by the State Department of Health Services in appropriate regulations as capable of transmitting the HIV has been transferred from the accused to the victim.

Federal

Ryan White Act
Requires the designation of a Designated Infection Control Officer
Allows for the disclosure of HIV status to the exposed employee or the department's Designated Infection Control Officer.

OSHA AND CDC

Cal. OSHA Bloodborne Pathogen Standard CCR-T8 5193:
http://www.dir.ca.gov/title8/5193.html

Cal OSHA Aerosol Transmissible Diseases Standard, Section 5199
http://www.dir.ca.gov/oshsb/atd0.

CDC Tuberculosis Guidelines:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm

Centers for Disease Control (CDC) Bloodborne Pathogen Guidelines:
Bloodborne Pathogens in Healthcare Settings | CDC Infection Control in Healthcare

Implementation Schedule

Date	Item / Description
November 2009	H1N1 Vaccinations administered to CVFD personnel
May 2010	ATD Regulations added to exposure control plan
June 2010	Exposure control plan: Annual update
July 2010	Tdap, MMR, Varicella, Hep B vaccines administered to personnel
July 2010	Bio-Hazard decontamination buckets, brushes provided
August 2010	Bio-Hazard Contamination instruction signs placed on all laundry areas.
August 2010	Decontamination signs placed in all workout areas.